

U.S. Public Health Service

**Office of Minority Health &
Office on Women's Health**



**National Conference on
Cultural Competence &
Women's Health Curricula
in Medical Education**

**October 26-28, 1995
Hotel Washington, Washington, D.C.**

MIH96D2551

FIRST NATIONAL CONFERENCE
ON
CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA
IN MEDICAL EDUCATION

Washington, D.C.

October 26-28, 1995

Office of Minority Health
Resource Center
PO Box 37337
Washington, DC 20013-7337

Dear Colleague:

The U.S. Public Health Service's Office of Minority Health and the Office on Women's Health, are proud to provide the Conference participants with a copy of this Abstract Book.

This Abstract Book is a compilation of the submissions received by our Offices. The response to our call for abstracts was impressive. The abstracts contained in this monograph incorporate current knowledge regarding medical education curricula in cultural competence and women's health across the country.

The abstracts received are organized within three categories, each including undergraduate, graduate and postgraduate levels of medical education:

- Women's Health Curricula,
- Cultural Competence Curricula,
- Cultural Competence and Women's Health Curricula.

We hope that this material assists you in developing, implementing, or enhancing your efforts to improve medical education training as we enter the 21st century.

Susan J. Blumenthal, M.D., M.P.A.
Deputy Assistant Secretary for Health
(Women's Health)
Assistant Surgeon General

Clay E. Simpson, Jr., Ph.D.
Deputy Assistant Secretary
for Minority Health

WOMEN'S HEALTH CURRICULA

	Page
Presenter: Ralph ANDERSON, M.D. Title: The Evolving Role of the OB/GYN as a Primary Care Physician for Women Affiliation: John Peter Smith Hospital Telephone: 817-927-1065 FAX: 817-927-1162 City: Fort Worth State: Texas	1
Presenter: Jay BACHICHA, M.D. Title: Primary Care for Women: Education in an Era of Reform Affiliation: Northwestern University, Medical School Telephone: 312-266-5954 FAX: 312-266-6114 City: Chicago State: Illinois	2
Presenter: Robert Paul CABAJ, M.D. Title: Lesbian, Gay and Bisexual Curriculum in Medical Education: Homophobia as a Health Hazard Affiliation: U of California, School of Medicine Telephone: 415-621-5727 FAX: 415-621-5727 City: San Francisco State: California	3
Presenter: Berry A. CAMPBELL, M.D. Title: Continuity Care Experience in OB/GYN and Pediatrics for Medical Students Affiliation: U of Kentucky, College of Medicine Telephone: 606-257-2122 FAX: 606-323-1931 City: Lexington State: Kentucky	4
Presenter: J. Kenneth COOKE, M.D. Title: Integration of Certified Nurse Midwives Into the Faculty of a County Hospital OB/GYN Residency Affiliation: U of California - San Francisco, School of Medicine Telephone: 209-453-5720 FAX: 209-453-8320 State: Fresno State: California	5
Presenter: Leah J. DICKSTEIN, M.D. Title: Women's Health in Medicine: Core Lectures, Electives and Seminars Affiliation: U of Kentucky, College of Medicine Telephone: 502-852-6185 FAX: 502-852-8937 City: Louisville State: Kentucky	6

WOMEN'S HEALTH CURRICULA

Page

Presenter: Elizabeth DIMITRIEVICH, M.D. Title: Correlation Between Individual Components of the Final Grade in the 3rd Year Clerkship in OB/GYN Affiliation: U of South Dakota, School of Medicine Telephone: 605-357-1532 FAX: 605-357-1528 City: Sioux Falls State: South Dakota	7
Presenter: Catherine DUBE', Ed.D. Title: A Curriculum on Communication Skills in Breast and Cervical Cancer Screening Affiliation: Brown University Program in Medicine Telephone: 401-863-2951 FAX: 401-863-3510 City: Providence State: Rhode Island	8
Presenter: Pam Reid DUFFY, Ph.D., R.N. Title: Teaching Towards Informed Care of Lesbian Patients Affiliation: U of Arizona, College of Medicine Telephone: 520-626-2437 FAX: 520-323-2437 City: Tucson State: Arizona	9
Presenter: Thomas E. ELKINS, M.D. Title: Teaching Ethics in OB/GYN Residency Education: A Model Affiliation: Louisiana State University, School of Medicine Telephone: 504-568-4852 FAX: 504-568-5140 City: New Orleans State: Louisiana	10
Presenter: Marita GRUDZEN, M.H.S. Title: Women's Health Clerkship Affiliation: Stanford University, School of Medicine Telephone: 415-725-4480 FAX: 415-723-9692 City: Palo Alto State: California	11
Presenter: Nancy S. HARDT, M.D. Title: Task Force on Reproductive Science Expands Horizons Affiliation: U of Florida, College of Medicine Telephone: 904-395-0238 FAX: 904-395-0437 City: Gainesville State: Florida	12
Presenter: William H. HINDLE, M.D. Title: Breast Evaluation and Diagnosis within an OB/GYN Department Affiliation: U of Southern California, School of Medicine Telephone: 213-226-4018 FAX: 213-226-3424 City: Los Angeles State: California	13

WOMEN'S HEALTH CURRICULA

	Page
Presenter: Carol S. HODGSON, Ph.D. Title: Assessing Training Effectiveness for Health Care Providers Affiliation: U of California, UCLA School of Medicine Telephone: 310-794-7530 FAX: 310-794-7465 City: Los Angeles State: California	14
Presenter: Sandra J. HOFFMAN, M.D. Title: Women's Health Track in an Internal Medicine Residency Program in a Community Setting Affiliation: Michigan State University, College of Human Medicine Telephone: 616-337-6357 FAX: 616-337-4234 City: Kalamazoo State: Michigan	15
Presenter: Thomas A. JOHNSON, M.D. Title: A Maternal Child Health Clerkship: Developing an Understanding of the Patient/Physician Relationship Affiliation: U of Massachusetts Medical School Telephone: 508-856-3649 FAX: 508-856-5016 City: Worcester State: Massachusetts	16
Presenter: Kenneth R. KELLNER, M.D., Ph.D. Title: A Program to Promote Medical Students Appreciation of the Nurse's Role in Labor and Delivery Affiliation: U of Florida, College of Medicine Telephone: 904-392-2894 FAX: 904-392-2808 City: Gainesville State: Florida	17
Presenter: Rebecca KNIGHT, M.D. Title: Teaching Women's Health in the Outpatient Setting Affiliation: U of Illinois, College of Medicine Telephone: 309-655-2000 FAX: 309-655-6879 City: Peoria State: Illinois	18
Presenter: Mitzi KROCKOVER, M.D. Title: Women's Health Curriculum Using a Multidisciplinary Approach Affiliation: U of California, UCLA School of Medicine Telephone: 310-794-9830 FAX: 310-794-9824 City: Los Angeles State: California	19

WOMEN'S HEALTH CURRICULA

Page

20

Presenter: Melodee LASKY, M.D.
 Title: Primary Care Training for OB/GYN Residents: A Collaborative Project
 Affiliation: U of Medicine and Dentistry of NJ, New Jersey Medical School
 Telephone: 908-685-2899 FAX: 908-704-0083
 City: Sommerville
 State: New Jersey

21

Presenter: June LAVALLEUR, M.D.
 Title: A National Survey of Education and Research Regarding Mature Women's Health in OB/GYN Residency Programs
 Affiliation: U of Minnesota, Medical School
 Telephone: 612-625-5979 FAX: 612-626-0665
 City: Minneapolis
 State: Minnesota

22

Presenter: Sandra LEVISON, M.D.
 Title: Implementing an Integrated Women's Health Curriculum
 Affiliation: Medical College of Pennsylvania & Hahnemann U School of Medicine
 Telephone: 215-842-6426 FAX: 215-843-0253
 City: Philadelphia
 State: Pennsylvania

23

Presenter: Diane MAGRANE, M.D.
 Title: APGO Quiz: A learning System for Students of Women's Health Care
 Affiliation: U of Vermont, College of Medicine
 Office of Medical Education
 Telephone: 802-656-0722 FAX: 802-656-8577
 City: Burlington
 State: Vermont

24

Presenter: Rebecca P. MCALISTER, M.D.
 Title: Utilization of Advanced Practice Nurses in Ambulatory OB/GYN Clinics
 Affiliation: Washington U, School of Medicine
 Telephone: 314-362-4211 FAX: 314-362-0049
 City: St. Louis
 State: Washington

25

Presenter: Kathleen MCINTYRE-SELTMAN, M.D.
 Title: Implementing Curricular Objectives in Women's Health
 Affiliation: Association of Professors of OB/GYN
 Telephone: 412-641-1440 FAX: 412-641-1133
 City: Pittsburgh
 State: Pennsylvania

WOMEN'S HEALTH CURRICULA

		Page
Presenter:	Ann W. MOULTON, M.D.	26
Title:	Women's Health Fellowship at Brown University	
Affiliation:	Brown University Program in Medicine	
Telephone:	401-444-8472 FAX: 401-444-4730	
City:	Providence	
State:	Rhode Island	
Presenter:	Linda NEIMAN, Ph.D.	27
Title:	Evaluating a Problem-Based Women's Health Curriculum	
Affiliation:	Medical College of Pennsylvania	
Telephone:	215-991-8518 FAX: 215-843-6794	
City:	Philadelphia	
State:	Pennsylvania	
Presenter:	JoDean NICOLETTE, MS IV	28
Title:	Women's Health Curriculum at Stanford	
Affiliation:	Stanford University, School of Medicine	
Telephone:	415-321-5591 FAX:	
City:	Stanford	
State:	California	
Presenter:	James J. NOCON, M.D.	29
Title:	Detection of Domestic Violence in Women Presenting to a County Hospital Emergency Room	
Affiliation:	Indiana University, School of Medicine	
Telephone:	317-630-6280 FAX: 317-630-6524	
City:	Indianapolis	
State:	Indiana	
Presenter:	James J. NOCON, M.D.	30
Title:	Gender Reconciliation in the Art of Healing	
Presenter:	James J. NOCON, M.D.	31
Title:	Using Problem-Based Learning to Detect and Change Gender Related Biases and Sexual Attitudes	
Presenter:	James J. NOCON, M.D.	32
Title:	Using Problem-Based Learning to Teach the Detection and Management of Domestic Violence	
Presenter:	Katherine A. O'HANLAN, M.D.	33
Title:	Homophobia Obstructs the Provision of Quality Care for Lesbians	
Affiliation:	Stanford University, School of Medicine	
Telephone:	415-723-8585 FAX: 415-723-7737	
City:	Stanford	
State:	California	

WOMEN'S HEALTH CURRICULA

Page

Presenter: Sharon O'LEARY, M.D. Title: Nurse-Resident Preceptor Program to Foster Collaborative Working Relationship Affiliation: William Beaumont Hospital Telephone: 313-434-6200 FAX: 313-434-7373 City: Ypsilanti State: Michigan	34
Presenter: Kelly S. PARSEY, M.D. Title: Designing a Primary Care Curriculum for OB/GYN Residents: Results of a Needs Assessment Affiliation: Duke University, School of Medicine Telephone: 919-286-6936 FAX: 919-416-5836 City: Durham State: North Carolina	35
Presenter: Kathryn E. PEEK, Ph.D. Title: Program in Female Clinical Anatomy: A Model for Incorporating Women's Health into the Basic Sciences Affiliation: U of Texas, Medical School Telephone: 713-745-2143 FAX: 713-792-5795 City: Houston State: Texas	36
Presenter: Sharon T. PHELAN, M.D. Title: Impact of Clerkship Requirement on Use of CAI Affiliation: U of Alabama, School of Medicine Telephone: 205-934-7872 FAX: 205-934-2258 City: Birmingham State: Alabama	37
Presenter: Sharon T. PHELAN, M.D. Title: Timing of Pelvic Exam Instruction During Medical School Affiliation: U of Alabama, School of Medicine Telephone: 205-934-7872 FAX: 205-934-2258 City: Birmingham State: Alabama	38
Presenter: Janet PREGLER, M.D. Title: Developing and Implementing a Women's Health Curriculum from a Generalist Perspective Affiliation: U of California, UCLA School of Medicine Telephone: 310-794-9830 FAX: 310-794-9824 City: Los Angeles State: California	39

WOMEN'S HEALTH CURRICULA

	Page
Presenter: Michelle M. ROBERTS, M.D. Title: The Women's Health Track: A Model for Training Internal Medicine Residents Affiliation: University of Pittsburgh, School of Medicine Telephone: 412-648-9770 FAX: 412-648-7047 City: Pittsburgh State: Pennsylvania	40
Presenter: Patricia A. ROBERTSON, M.D. Title: Development and Implementation of a Women's Health Curriculum for Medical Students Affiliation: U of California, School of Medicine Telephone: 415-476-1824 FAX: 415-476-1811 City: San Francisco State: California	41
Presenter: Patricia A. ROBERTSON, M.D. Title: Student Evaluation of an Assigned Day in an Abortion Clinic in the Junior Clerkship in OB/GYN	42
Presenter: Elmar P. SAKALA, M.D., M.P.H. Title: Medical Student Gender & Personality Type as Factors in Clinical Evaluations on a Junior OB/GYN Rotation Affiliation: Loma Linda University, School of Medicine Telephone: 909-824-4762 FAX: 909-824-4767 City: Loma Linda State: California	43
Presenter: Stuart J. SLAVIN, M.D. Title: Doctoring: A Focus on Women's Health Affiliation: U of California, UCLA School of medicine Telephone: 310-206-8750 FAX: 310-825-6394 City: Los Angeles State: California	44
Presenter: Kathleen M. THOMSEN, M.D., M.P.H. Title: Primary Care Women's Health Fellowship Affiliation: U of Medicine & Dentistry of NJ - Robert Wood Johnson Medical School Telephone: 908-235-7670 FAX: 908-246-0884 City: New Brunswick State: New Jersey	45

WOMEN'S HEALTH CURRICULA

	Page
Presenter: Lila A. WALLIS, M.D., FACP Title: Painless and Competent Pelvic Examination in Medical Education & CME Affiliation: Cornell University, Medical College Telephone: 212-737-4444 FAX: 212-737-1185 City: New York State: New York	46
Presenter: Carole WARSHAW, M.D. Title: Advocacy-Based Medical School Elective on Domestic Violence Affiliation: Cook County Hospital Telephone: 312-433-2390 FAX: 312-433-2391 City: Chicago State: Illinois	47
Presenter: Michael WILKES, M.D., M.P.H. Title: Doctoring: An Innovative Curriculum Teaching Medical Students About Domestic Violence Affiliation: U of California, UCLA School of Medicine Telephone: 310-206-3708 FAX: 310-206-0719 City: Los Angeles State: California	48
Presenter: William W. YOUNG, M.D. Title: The Home Birth Case - Health, Society and the Physician Affiliation: Dartmouth Medical School Telephone: 603-650-5000 FAX: 603-650-5458 City: Lebanon State: New Hampshire	49

CULTURAL COMPETENCE CURRICULA

	Page
Presenter: Liza CARIAGA-LO, Ed.D. Title: The Culture and Society Seminar for Undergraduate Medical Students Affiliation: Bowman Gray School of Medicine of Wake Forest University Telephone: 910-716-5686 FAX: 910-716-5807 City: Winston-Salem State: North Carolina	50
Presenter: Patricia N. CARVER, Ph.D. Title: Confluence of Cultures in Medical Education: Listening to Patients and Ourselves Affiliation: U of Medicine and Dentistry of New Jersey Telephone: 908-235-7662 FAX: 908-246-8084 City: New Brunswick State: New Jersey	51
Presenter: Denice CORA-Bramble, M.D., F.A.A.P. Title: Cultural Competence Curriculum for Health Care Providers: Hispanic Module Affiliation: George Washington U, School of Medicine Telephone: 202-917-2991 FAX: 301-390-1032 City: Washington State: District of Columbia	52
Presenter: K.A. CULHANE-Pera, M.D., M.A. Title: Intercultural Family Medicine Curriculum Affiliation: St. Paul Ramsey Medical Center Telephone: 612-221-3540 FAX: 612-222-1816 City: St. Paul State: Minnesota	53
Presenter: Catherine DUBE', Ed.D. Title: Race, Culture and Ethnicity: Addressing Alcohol and Other Drug Problems Affiliation: Brown University Program in Medicine Telephone: 401-863-2951 FAX: 401-863-3510 City: Providence State: Rhode Island	54
Presenter: Jamal FAWAZ, M.D. Title: Cultural Diversity Conferences for Psychiatry Residents Affiliation: U of Maryland, School of Medicine Telephone: 410-328-6018 FAX: 410-328-6391 City: Baltimore State: Maryland	55
Presenter: Mona FOUAD, M.D., M.P.H. Title: Physician Training Program to Enhance Adherence Among Underserved Minority Women Affiliation: U of Alabama, School of Medicine Telephone: 205-934-2125 FAX: 205-934-7959 City: Birmingham State: Alabama	56

CULTURAL COMPETENCE CURRICULA

Page

Presenter: Ronald D. GARCIA, Ph.D. Title: Ethnicity and Medicine: Teaching Cultural Competency Affiliation: Stanford University, School of Medicine Telephone: 415-725-0403 FAX: 415-725-5538 City: Palo Alto State: California	57
Presenter: Deborah GOULD, M.D. Title: Cultural Competence in a Pediatric Clinic in a Managed Care Environment Affiliation: Kaiser Permanente Medical Center Telephone: 510-987-3016 FAX: 510-873-5142 City: Oakland State: California	58
Presenter: Marvin L. HAGE, M.D. Title: Teaching Cross-Cultural Medicine Affiliation: Duke University Medical School Telephone: 919-681-5220 FAX: 919-681-7861 City: Durham State: North Carolina	59
Presenter: Joseph HAN, M.S. III Title: Interactive Health Fair Affiliation: Medical College of Pennsylvania Telephone: 215-576-6221 FAX: 215-843-7694 City: Jenkintown State: Pennsylvania	60
Presenter: Cynthia HAQ, M.D. Title: Undergraduate Multicultural Health Care Curriculum at the U. of Wisconsin Affiliation: U of Wisconsin, Medical School Telephone: 608-263-6549 FAX: 608-263-5813 City: Madison State: Wisconsin	61
Presenter: Christina HARLAN, B.S.N., M.A. Title: Cultural Competency in Public Health Practice Affiliation: U of North Carolina, School of Public Health Telephone: 919-966-9877 FAX: 919-966-2921 City: Chapel Hill State: North Carolina	62
Presenter: Janice HERBERT-Carter, M.D., M.G.A. Title: Teaching Cultural Competence - The Painless Way Affiliation: Morehouse School of Medicine Telephone: 404-752-1897 FAX: 404-752-1064 City: Atlanta State: Morehouse	63

CULTURAL COMPETENCE CURRICULA

	Page
Presenter: Gerald HILL, M.D. Title: The Indian Health Pathway and Native American Center of Excellence Affiliation: U of Minnesota, Medical School Telephone: 612-626-2075 FAX: 612-824-0820 City: Minneapolis State: Minnesota	64
Presenter: Walt HOLLOW, M.D., M.S. Title: A Medical School Curriculum in American Indian Health Affiliation: U of Washington, School of Medicine Native American Center for Excellence Telephone: 206-685-2489 FAX: 206-543-9063 City: Seattle State: Washington	65
Presenter: Walt HOLLOW, M.D., M.S. Title: Traditional Indian Medicine: How Does it Relate to Modern Western Medicine?	66
Presenter: Robert K. KAMEI, M.D. Title: Teaching Pediatric Residents the Impact of Cultural Diversity on the Medical Encounter Affiliation: U of California, School of Medicine Telephone: 415-476-0987 FAX: 415-476-4009 City: San Francisco State: California	67
Presenter: Sophia LEE Title: A Model for Teaching Bias-Free Communication Skills Affiliation: Medical College of Pennsylvania & Hahnemann U School of Medicine Telephone: 215-842-6426 FAX: 215-843-0253 City: Philadelphia State: Pennsylvania	68
Presenter: B U.K. LI, M.D. Title: Teaching Cultural Competency to First-Year Medical Students by an Experimental Approach Affiliation: Ohio State University, College of Medicine Telephone: 614-722-3450 FAX: 614-722-3454 City: Columbus State: Ohio	69

CULTURAL COMPETENCE CURRICULA

Page

Presenter: Robert C. LIKE, M.D., M.S. Title: A Multicultural Community-Oriented Primary Care Fellowship Program for Family Physicians Affiliation: U of Medicine and Dentistry of NJ, Robert Wood Johnson Medical School Telephone: 908-235-7662 FAX: 908-246-8084 City: New Brunswick State: New Jersey	70
Presenter: Doric LITTLE, Ed.D. Title: Native Hawaiian Culture Across the Curriculum Affiliation: U of Hawaii at Manoa, John A. Burns School of Medicine Telephone: 808-956-6586 FAX: 808-956-4461 City: Honolulu State: Hawaii	71
Presenter: Barbara MARQUEZ, M.P.H. Title: Beyond Rhetoric: Cultural Competency into Practice Affiliation: California Dept. of Health Services, Office of Multicultural Health Telephone: 916-322-6868 FAX: 916-324-7763 City: Sacramento State: California	73
Presenter: Martha A. MEDRANO, M.D. Title: An Introduction to Culture and Cross-Cultural Communication in the Medical Encounter Affiliation: U of Texas Medical School, Dept. of Psychiatry Telephone: 210-567-5480 FAX: 210-567-5381 City: San Antonio State: Texas	74
Presenter: Ana E. NUNEZ, M.D. Title: Clinical Preceptor Training for Students in a Longitudinal Cross-Cultural Program Affiliation: Medical College of Pennsylvania & Hahnemann U School of Medicine Telephone: 215-762-7296 FAX: 215-762-8654 City: Philadelphia State: Pennsylvania	75
Presenter: Ana E. NUNEZ, M.D. Title: Looking Within to See the Outside Better: A Model for Cross-Cultural Effectiveness Education	76
Presenter: Sharyne SHIU-THORNTON Title: Cultural Competency: Applications for Public Health Practice Affiliation: University of Washington, School of Medicine Telephone: 206-616-2940 FAX: 206-543-3964 City: Seattle State: Washington	77

CULTURAL COMPETENCE CURRICULA

Page

Presenter: Melanie TERVALON, M.D., M.P.H. 78
Title: The Multicultural Curriculum Project 1994-95
Affiliation: Children's Hospital
Telephone: 510-428-3331 FAX: 510-428-3859
City: Oakland
State: California

Presenter: A. Belinda TOWNS, M.D., M.P.H. 79
Title: A Third & Fourth Year Primary Care Curriculum and Diversity
Affiliation: U of California - UCLA School of Medicine, Charles R. Drew
Telephone: 213-563-4843 FAX: 213-563-5938
City: Los Angeles
State: California

WOMEN'S HEALTH and CULTURAL COMPETENCE CURRICULA

	Page
Presenter: Dyanne D. AFFONSO, Ph.D., F.A.A.N. Title: Cultural Diversity and Preventative Health Care for Women During Pregnancy Affiliation: Emory University, School of Nursing Telephone: 404-727-7976 FAX: 404-727-4645 City: Atlanta State: Georgia	80
Presenter: Yamila AZIZE Vargas, Ph.D. Title: Latina Issues and Perspectives for a Gender-Balanced Curricula in Medical Education Affiliation: U of Puerto Rico, School of Medicine Telephone: 809-738-7863 809-738-4218 FAX: 809-738-4218 City: Cayey State: Puerto Rico	81
Presenter: Flora BRYANT, Ph.D. Title: Domestic Violence Curriculum Affiliation: Howard University, College of Medicine, Dept. of Emergency Medicine Telephone: 202-865-1121 FAX: 202-865-4492 City: Washington State: District of Columbia	83
Presenter: Pamela CHARNEY, M.D. Title: Coronary Artery Disease (CAD) and Gender: Prevention, Diagnosis and Management Affiliation: Albert Einstein College of Medicine of Yeshiva University Telephone: 718-918-7463 FAX: 718-918-7701 City: New York State: New York	84
Presenter: Molly S. CHATTERJEE, M.D. Title: Cultural Competence and Women's Health Curriculum in Medical Education Affiliation: Meharry Medical College, School of Medicine Telephone: 615-327-6284 FAX: 615-327-6296 City: Nashville State: Tennessee	85
Presenter: Helen L. COONS, Ph.D. Title: Optimizing Health Outcomes in Ethnically Diverse Women with HIV/AIDS: CME for Primary Care Physicians Affiliation: Medical College of Pennsylvania Telephone: 215-762-7616 FAX: 215-762-8654 City: Philadelphia State: Pennsylvania	86

WOMEN'S HEALTH and CULTURAL COMPETENCE CURRICULA

	Page
Presenter: Dyanne D. AFFONSO, Ph.D., F.A.A.N. Title: Cultural Diversity and Preventative Health Care for Women During Pregnancy Affiliation: Emory University, School of Nursing Telephone: 404-727-7976 FAX: 404-727-4645 City: Atlanta State: Georgia	80
Presenter: Yamila AZIZE Vargas, Ph.D. Title: Latina Issues and Perspectives for a Gender-Balanced Curricula in Medical Education Affiliation: U of Puerto Rico, School of Medicine Telephone: 809-738-7863 809-738-4218 FAX: 809-738-4218 City: Cayey State: Puerto Rico	81
Presenter: Flora BRYANT, Ph.D. Title: Domestic Violence Curriculum Affiliation: Howard University, College of Medicine, Dept. of Emergency Medicine Telephone: 202-865-1121 FAX: 202-865-4492 City: Washington State: District of Columbia	83
Presenter: Pamela CHARNEY, M.D. Title: Coronary Artery Disease (CAD) and Gender: Prevention, Diagnosis and Management Affiliation: Albert Einstein College of Medicine of Yeshiva University Telephone: 718-918-7463 FAX: 718-918-7701 City: New York State: New York	84
Presenter: Molly S. CHATTERJEE, M.D. Title: Cultural Competence and Women's Health Curriculum in Medical Education Affiliation: Meharry Medical College, School of Medicine Telephone: 615-327-6284 FAX: 615-327-6296 City: Nashville State: Tennessee	85
Presenter: Helen L. COONS, Ph.D. Title: Optimizing Health Outcomes in Ethnically Diverse Women with HIV/AIDS: CME for Primary Care Physicians Affiliation: Medical College of Pennsylvania Telephone: 215-762-7616 FAX: 215-762-8654 City: Philadelphia State: Pennsylvania	86

WOMEN'S HEALTH and CULTURAL COMPETENCE CURRICULA

Page

Presenter: Zylphia FORD, M.P.H. Title: Reframing Women's Health: An Intensive Multidisciplinary Institute Affiliation: U. of Illinois, College of Medicine Telephone: 312-413-1924 FAX: 312-413-7423 City: Chicago State: Illinois	87
Presenter: Roberta GOLDMAN, Ph.D. Title: Cultural Issues in Communication About Breast & Cervical Cancer Screening Affiliation: Brown University Program in Medicine Telephone: 401-729-2924 FAX: 401-729-2923 City: Providence State: Rhode Island	88
Presenter: Roberta GOLDMAN, Ph.D. Title: Teaching the Cultural Dimension of Maternal and Child Health in a Family Medicine Residency Program	89
Presenter: Maria Elia GOMEZ-Murphy, M.A. Title: Innovative Strategies for Health Care: The Promotora Affiliation: Mariposa Community Health Foundation Telephone: 602-762-2153 FAX: City: Nogales State: Arizona	90
Presenter: Lesley R. LEVINE, M.D. Title: Resident Education in Diversity Awareness in a Managed Care Setting Affiliation: Kaiser Permanente Medical Center Telephone: 510-596-6361 FAX: 510-596-7458 City: Oakland State: California	91
Presenter: Lois A. MONTEIRO, Ph.D. Title: Faculty Preparation for Women's Health Curricula Development Affiliation: Brown University Program in Medicine Telephone: 401-863-1629 FAX: 401-863-3713 City: Providence State: Rhode Island	92

WOMEN'S HEALTH and CULTURAL COMPETENCE CURRICULA

	Page
Presenter: Ana E. NUNEZ, M.D. Title: Sociocultural Aspects of Women's Health in Undergraduate Medical Education Affiliation: Medical College of Pennsylvania & Hahnemann U School of Medicine Telephone: 215-762-7616 FAX: 215-762-8654 City: Philadelphia State: Pennsylvania	93
Presenter: Katherine SHERIF, M.D. Title: Teaching Health Concerns of Arab and Muslim Women Affiliation: Medical College of Pennsylvania & Hahnemann U School of Medicine Telephone: 215-842-7390 FAX: 215-843-0253 City: Philadelphia State: Pennsylvania	94
Presenter: Louis G. STEELE, M.D. Title: Cultural Competence and Provisions of Women's Health in American Indian Communities Affiliation: U of Arizona Telephone: 520-295-2479 FAX: 520-295-2602 City: Tucson State: Arizona	95
Presenter: John TAKAYAMA, M.D., M.P.H. Title: Training Residents in Violence Prevention & Cultural Competence Affiliation: U of California, School of Medicine Telephone: 415-476-5763 FAX: 415-476-8130 City: San Francisco State: California	96

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: The Evolving Role of the Obstetrician & Gynecologist as a Primary Care Physician for Women
Presenter: Ralph Anderson, M.D. Title: Chairman, Dept. of Obstetrics & Gynecology
Affiliation: John Peter Smith Hospital Telephone: () 817 927 1065 FAX: () 817 927-1162
(Medical School/Residency Program)

Address: 1500 South Main Street, Fort Worth, Texas, 76104

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

General obstetricians and gynecologists have traditionally functioned as the primary care physician for women with obstetrical and gynecologic problems. With the evolution of managed care this role has been expanded to that of providing primary health care to women. The American College of Obstetricians and Gynecologists (A.C.O.G.) and the Council on Resident Education in Obstetrics and Gynecology (CREOG) have altered the educational program for obstetricians and gynecologists as primary care physicians for women. Considerable evidence exists that reinforces the role of an obstetrician/gynecologist as a PCP. Fifty-six percent of women aged 15-44 have an obstetrician/gynecologist as their PCP; 85% of maternity cases are looked after by obstetricians and gynecologists. Women overwhelmingly prefer obstetricians and gynecologists in the treatment of pregnancy, postpartum care and postmenopausal care. The Fort Worth Hospitals Program in obstetrics and gynecology has developed a model of primary care education that involves a close liaison between hospitals, the public health department, and other primary care providers, (family physicians, internal medicine doctors and physician extenders). It recognizes the A.C.O.G. definition of a PCP, identifies patients with common and acute illnesses that should be managed by a PCP for women and defines those patients with acute or chronic conditions that should be transferred to other PCPs. The model recognizes the concept of a generic PCP that consists of family physicians, internal medicine doctors, obstetricians and gynecologists and pediatricians and acknowledges the fact that no one group of doctors operates as PCP for all patients. This model involves a generalist exposure in the first year, a team concept for the delivery of health care in second and fourth year, and a rotation with a family physician at the third year. The ACGME has outlined an educational program for PCPs whose categories include care of the population, care of patients in multiple settings, comprehensive preventive care, treatment of common acute illnesses, treatment of common chronic conditions, treatment of common chronic behavioral problems and other training for the generalist physician. The Fort Worth Hospitals Program accomplishes PCP teaching in 92% of these categories. A full discussion of this primary care model will be conducted to outline the education of the obstetrician and gynecologist which allows him/her to practice as a PCP for women.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5834
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION:

ABSTRACT SUBMISSION FORM

Abstract Title: Primary Care For Women: Education in an Era of ReformPresenter: Jay Bachicha MD Title: Assistant Professor

Northwestern University 312-266-5954 312-266-6114

Affiliation: Medical School Telephone: () - FAX: () -
(Medical School/Residency Program)Address: 333 E. Superior St. Suite 464 Chicago, IL 60611

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the penimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

This presentation describes an innovative program established by the Department of Obstetrics and Gynecology at Northwestern University Medical School to provide clinical education to third year medical students in the area of primary health care for women. The interdisciplinary program unites faculty from various departments in order to provide comprehensive didactic education, learner-centered learning experiences, and clinical exposure to students in selected primary care topics.

The program is the result of a departmental Faculty Retreat in Primary Care for Women and seeks to address the fact that obstetricians and gynecologists are the point of contact with the health system for women in this country. The Faculty Retreat led to major revisions of the third year clinical rotation in ob-gyn, beginning with a new lecture series presented on the first day of the rotation. This is followed by a weekly, in-depth seminar on a selected topic in women's health. The clinical portion of the rotation has also been changed to include a wider variety of ambulatory experiences. Student evaluation formats, including written and oral examinations have been revised to reflect the curriculum changes. The presentation describes the structure and content of the rotation in detail and concludes with a series of goals which will allow expansion of student exposure to women's health in an obstetrics and gynecology rotation. The program will be seen to be exportable to other ob-gyn departments interested in expanding instruction in primary health care for women.

Student response to the curriculum, especially the outpatient experiences, has been overwhelmingly positive. Exit interviews with them show increased recognition of the importance of women's health.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W. Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Lesbian, Gay and Bisexual Curriculum in Medical Education:
Homophobia as a Health Hazard

Presenter: Robert Paul Cabaj, MD. Title: Medical Director San Mateo County Mental
University of Cal, San Francisco Health Services; Associate Professor in Psych-

Affiliation: San Mateo County Psychiatric Telephone: (415) 621-5727 FAX: (415) 621-5727 UCSF
 (Medical School/Residency Program)

Address: 1 Mono Street, San Francisco CA 94114
 City Zip Code

Completing the Abstract Submission Form

All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used
 Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description;
 (3) problems encountered; and (4) results.

(1) Objectives: The use of a curriculum on lesbian, gay, and bisexual issues should accomplish the following: a.) Teach basic information about health concerns, both medical and mental, that face lesbians, gay men, and bisexuals (LGMB); b.) Teach basic information about sexual orientation and what it is like to be lesbian, gay, or bisexual (LGB) in society, including understanding internalized homophobia and heterosexism; c.) Explore the personal feeling and attitudes of the students of the curriculum about homosexuality in general and about working with LGB patients and colleagues; and d.) Help change negative attitudes about LGMB with education and, when possible, direct contact with openly LGB faculty.

(2) Description: The Gay and Lesbian Medical Association (GLMA) has worked on two important documents: a paper on homophobia as a health hazard, and a report on discrimination against LGB physicians and medical students. The American Psychiatric Association (APA) has published a curriculum on teaching about LGB issues to psychiatric residents. The presenter has just completed editing a textbook including a chapter on teaching medical students about LGB concerns. The curriculum presented is a combination of all four items, and will focus on: a.) Basic information about sexual orientation, including genetics, biology, and cultural and social factors; b.) Basic information about homosexuality, LGMB, and transsexuality, including cross-cultural factors, societal heterosexism and homophobia, and the role of internalized homophobia in identity formation, developmental steps, and the process of identifying as a LGB person (also known as "coming-out"); c.) Specific medical issues relevant to LGMB, including breast cancer, OB/GYN issues, parenting and alternative insemination, mental health issues resulting from shame and internalized homophobia, depression, suicidality, substance abuse, violence, and HIV/AIDS; d.) Specific focuses on sub-groups of LGMB, including adolescents and youth, the elderly, people of color, relationships, families-of-origin and chosen families, parenting by same-sex couples, and bisexual marriages; and e.) Exploring possible resistance to presenting a curriculum on LGB issues, a reluctance on the part of LGB faculty to be open about their sexual orientation, and ways to help overcome these barriers.

(3) Problems: The resistance that society in general has to acknowledging LGMB, and the reluctance to accept and understand homosexuality as a normal, though less frequent, expression of human sexual and affectional expression present the greatest obstacles and problems to teaching this material, or have information available to students, faculty, and patients. Specific problems and barriers to teaching this material and fostering a non-discriminatory approach to LGMB will be discussed.

(4) Results: An appreciation and understanding of a successful curriculum on LGB issues in medicine, and the way it can be integrated into medical school teaching, will be the results of the presentation. A successful teaching model and the results of the GLMA discrimination survey will be presented

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-B
 Washington, D.C. 20201

Telephone: (202) 690-5884
 FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

ABSTRACT SUBMISSION FORM

Abstract Title: Continuity Care Experience in Obstetrics/Gynecology and Pediatrics
for Medical Students Assistant Professor

Presenter: Berry A. Campbell, MD Title: Maternal-Fetal Medicine

Affiliation: Univ. of KY Medical School Telephone: (606) 257-2122 FAX: (606) 323-1931
 (Medical School/Residency Program)

Address: 800 Rose Street, Room C-371 Lexington, KY 40536-0084
 City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Continuity Care Experience in Obstetrics/Gynecology and Pediatrics for Medical Students

B. Campbell, S. Woods, D. Grigsby, S. Tipton
 University of Kentucky College of Medicine, Lexington, KY

Objectives: To develop a continuity care experience for medical students which would allow the students exposure to an on going relationship with patients and provide a simulation of private practice.

Description: The departments of Obstetrics and Gynecology and Pediatrics at the University of Kentucky College of Medicine have restructured their core curriculum for the third year into a combined course (16 week rotation) that includes a continuity care clinic experience. This clinic experience involves teams of students who are assigned to follow patients during pregnancy, delivery, and follow up care of the mother and child. At the beginning of each rotation, every student is assigned two pregnant patients from the Young Parents Program. The students are given beepers which are used for communication between the students and the clinic staff and between the students and their patients. The students are notified when their patients arrive for prenatal visits and the patients may call their student doctor with any questions they may have during the antepartum period. When a patient presents in labor, the student is called to care for and deliver the patient under the direct supervision of the resident or attending on call. The student then follows the mother and infant through their six week postpartum visit. At the completion of the rotation, students and patients complete evaluation forms focusing on their perception of the overall experience.

Because of the overwhelmingly positive response, we have decided to extend the continuity care experience for mother and child throughout the students' third and fourth years of medical school. At the beginning of the third year the continuity care experience will be explained to the entire class of 96 medical students. Medical students will then be encouraged to consider volunteering to be a part of this project. During the first year beginning July 1995, 10 volunteers will pilot the initial project. Each student will be assigned two patients which they will follow during their prenatal, intrapartum, and postpartum care. In addition the students will continue to follow the mother and child for gynecologic and pediatric care on a routine and emergent basis during the remainder of their medical school training.

Problems: Coordination of schedules was initially difficult but as we became more experienced, these problems have been resolved. Most other difficulties were logistical in nature and have responded to fine adjustments throughout the rotation.

Results: Evaluations completed by students and patients during the first two years of this experience have been overwhelmingly positive. The most commonly voiced benefits include development of patient physician relationship, simulation of private practice, and improved teaching. The most common negative comments were on call requirements and disruption of the students' daily schedule.

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-8
 Washington, D.C. 20201

Telephone (202) 690-5884
 FAX (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, July 21, 1995

ABSTRACT SUBMISSION FORM

Integration of Certified Nurse Midwives Into the Faculty of a County

Abstract Title: County Hospital OB/GYN Residency Program

J. Kenneth Cooke, M.D.

Chairman, Department of OB/GYN

Presenter: Desiree A. McCloskey, C.N.M.Title: Director, Nurse Midwifery ProgramAffiliation: UC-San FranciscoTelephone: (209) 453-5720FAX: (209) 453 8320

(Medical School/Residency Program)

Address: 445 South Cedar Avenue

Fresno

CA 93702

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum (2) curriculum description: (3) problems encountered; and (4) results.

INTEGRATION OF CERTIFIED NURSE MIDWIVES INTO THE FACULTY OF A COUNTY HOSPITAL OB/GYN RESIDENCY PROGRAM. D. McCloskey, J. Cooke. University of California. San Francisco/Valley Medical Center, Fresno, CA 93702.

Supervision of third and fourth year medical students, OB/GYN, Family Practice, and Transitional interns, on a busy county hospital obstetrical service can be very difficult when much of the responsibility is delegated to junior OB residents. In 1988 we began a program in which a Certified Nurse Midwife (CNM) was hired to assist the housestaff in the supervision of normal labor and spontaneous vaginal delivery during regular daytime hours. Currently, we have 24 hour coverage on Labor and Delivery by CNMs in addition to partial staffing the prenatal clinics. All hold clinical faculty positions from the University of California, San Francisco. The CNMs manage the majority of the low risk laboring patients with the medical students, under supervision, and consultation with resident and faculty staff. They participate in curriculum development and present a five lecture series that includes: prenatal care, normal labor and delivery, episiotomy repair, normal postpartum care, and clinical pelvimetry. The lecture series addresses the academic issues with an emphasis on cultural and gender specific needs of women in our population. This has resulted in more personalized patient care and better one-on-one instruction for the students. The "service obligation" for the housestaff has been greatly reduced, allowing them more time to care for high risk patients. The integration of housestaff, physician faculty, and CNM faculty has been highly accepted and to the mutual benefit of all.

Address submissions to: Elena Rice, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-8
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: **FRIDAY, JUNE 30, 1995**

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Women's Health in Medicine: Core Lectures, Electives and Seminars

Presenter: Leah J. Dickstein, M.D. Title: Professor, Dept. of Psychiatry & Behavioral Sciences; Associate Dean for Faculty and Student Advocacy

Affiliation: School of Medicine
University of Louisville Telephone: 502) 852-6185 FAX: 502) 852 - 8937
(Medical School/Residency Program)

Address: Abell Administration Center 202 Louisville, KY 40292
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

1. Objectives include 1. raising awareness among students and residents about the necessity of their knowing about the unique issues in illness, diagnosis, treatment, including psychopharmacologic differences, of women patients. 2. Presenting this information across all four years of medical school, and in psychiatry residency training as a post graduate example.
2. The core curriculum will be described as it is presented to first, second and third year students and second year psychiatry residents. Elective curricular for students in group and individual electives will be discussed. Human development across the life cycle related to gender will be explained as background for successful integration of women's health.
3. Problems - few problems have been encountered since the inception of these offerings in the late 1970s because they are labeled and offered as relating to gender, i.e. to women and men, although specifics are always emphasized in every area.
4. Results - the lectures, electives and seminars are well attended. Group interaction is strongly encouraged, whether with 3 or 135 in attendance.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Title: The Correlation Between Individual Components Of The Final Grade In the Third Year Clerkship in Obstetrics and Gynecology

Author: Elizabeth Dimitrievich, M.D. **Title:** Assistant Professor
University of South Dakota
School of Medicine **Telephone:** 605 357-1532 **FAX:** 605 357-1528
(Medical School/Residency Program)

Address: 1400 W. 22nd Street, Sioux Falls, SD 57105
City: **Zip Code:**

Filling the Abstract Submission Form

Text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used. Use the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

The Correlation Between Individual Components Of The Final Grade In The Third Year Clerkship In Obstetrics And Gynecology

E. Dimitrievich M.D. University Of South Dakota School Of Medicine
Sioux Falls, SD 57103

Beginning in 1993, the traditional clerkship in Obstetrics and Gynecology at the University of South Dakota School of Medicine underwent significant change in the process by which the third year medical students were evaluated. The purpose of this change was to improve the overall assessment of the students with the introduction of the Objective Structured Clinical Examination (OSCE), and evaluate whether the methods used correlated well.

The number of components used to determine the final grade was increased from four to eight, and the contribution of each component to the final grade was changed from that in previous years.

The components of the final grade and their contribution as a percentage of the final grade are as follows: Faculty Evaluations - 40%, NBME Shelf Exam - 5%, Departmental Multiple Choice Test (MCQ) - 10%, Oral Examinations - 10%, OSCE - 15%, Written Case Histories - 10%, Long Essay requiring literature search - 5%, Oral Presentation - 5%. The last four listed are the new components.

A total of seventy-eight students were evaluated in this way for the academic years 1993/1994 and 1994/1995. The students received a percentage grade for each of the components listed above. The grades were then subjected to an analysis to determine the correlation between the components listed above.

The correlation coefficients, R^2 , expressed as a number from 0 to 1, between the components of the final grade is shown in the following table.

	R^2	X Coefficient	Standard Error of X Coefficient
OSCE/Departmental MCQ	0.01	0.17	0.20
OSCE/ Oral Examinations	0.06	0.46	0.20
OSCE/Faculty Evaluations	0.16	0.62	0.16
Faculty Evaluations/Departmental MCQ	0.00	0.06	0.13
Faculty Evaluations/Oral Examinations	0.17	0.15	0.13
Oral Examinations/Departmental MCQ	0.07	0.25	0.10

The lack of correlation between the components used in the final evaluation process indicates that they may be measuring different skills and knowledge in our students. It is known that evaluation tools are limited in their ability to measure content versus process, and that they also differ in their reliability and validity. The feasibility of using multiple evaluation tools will differ among clerkships and medical schools. The development of innovative evaluation techniques will perhaps enable us to limit the number of evaluation components required in the future.

Submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-6884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: A Curriculum on Communication Skills in Breast & Cervical Cancer Screening

Presenter: Catherine Dube', Ed.D. Title: Assistant Professor (Research)

Affiliation: Brown University Telephone: 401 863-2951 FAX: 401 863-3510
(Medical School/Residency Program)

Co-Authors: R. Rosen, R. Goldman, B. Enrich, W. Rakowski, M. Goldstein
Address: Brown Univ Box G-8H Alc Ctr, Providence, RI 02912

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

A Curriculum for Medical Students on Communications Skills in Breast and Cervical Cancer Screening In collaboration with the CDC and the Association for Teachers of Family Medicine, investigators at Brown University's Department of Community Health are in the process of developing and pilot testing a communications model and a eight-module curriculum in communications and counseling skills to enhance breast and cervical cancer screening. A multi-faceted communications model for doctors' interactions with women about these topics has been developed. Pilot testing of this model will occur in September, 1995.

1) Objectives: After receiving a series of coordinated, reinforcing and reiterative teaching exercises embedded in related clinical teaching throughout four years of medical school, students will be able to: a) discuss breast and cervical screening guidelines and recommendations with women patients; b) appropriately communicate risks and benefits of breast and cervical screening procedures and early detection; c) effectively communicate with, educate and reassure the patient during clinical breast exam, pelvic exam and Pap specimen collection procedures; d) effectively and sensitively refer patients to mammography, colposcopy, and other related screening, diagnostic procedures and/or repeat testing; e) effectively, appropriately and sensitively communicate, educate and reassure patients about positive, negative and suspicious test results.

2) Curriculum Description: We are in the process of developing an integrated modular curriculum including a series of coordinated teaching exercises that will allow complimentary, additive and comprehensive teaching to take place. Instructor's guide with supporting instructional materials (written materials, teaching slides, and a video component) is being developed. Modules in development include: a) Introduction to Breast and Cervical Cancer Screening; b) Gender Issues in the Doctor/Patient Relationship; c) Introduction to Culture in the Doctor/Patient Relationship; d) Communication for Breast Exam, Pelvic, and Pap Test Procedures; e) Cancer Prevention Counseling Skills for Breast and Cervical Cancer Screening; f) Cultural Issues in Breast and Cervical Cancer Screening; g) Disclosing Suspicious/Abnormal Findings; h) Comprehensive Communication for Breast and Cervical Cancer Screening.

3) Problems Encountered: There is significant interest in including this teaching in the medical curriculum. However, since the area of Breast and Cervical Cancer screening overlaps Primary Care issues and Ob/Gyn concerns, there has been some political posturing between medical school departments that may influence the effectiveness of teaching upon implementation.

4) Results: Results of the Communications Model pilot test and drafts of all modules in development will be available by mid-October.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: ~~FRIDAY, JUNE 30, 1995~~

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Teaching Towards Informed Care of Lesbian Patients

Presenter: Pam Reid Duffv, PhD, RN Title: Assistant Professor, Clinical, Family & Community Medicine
College of Medicine

Affiliation: University of Arizona Telephone: (520) 626-2437 FAX: (520) 323-2437
(Medical School/Residency Program)

Address: 1601 N. Tucson Blvd. #16 Tucson, AZ 85716
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

The goals of this presentation are to review a practiced curriculum, utilized for over 8 years with medical students, primary care residents, and the Western AIDS ETC faculty, to arm trainees with the knowledge, skills, and to some extent, attitudes necessary to informed care of lesbian patients in clinical practice settings. The objectives are: 1) to discuss the rationale for the paucity of the scientific knowledge base on lesbian behavior and health; 2) to review the history and findings of scientific inquiry into lesbian behavior and health, including the status of current knowledge; 3) to compare and contrast this knowledge with common myths, misconceptions and attitudes held towards lesbian health; 4) to identify the consequences of the above on lesbian health and on health care delivery to lesbians; and 5) to examine skills necessary to informed, competent care of lesbians in practice. The curriculum includes: an overview of the history of scientific inquiry into lesbian health; examples of interactive teaching/learning techniques allowing learners to examine the health implications and consequences of uninformed care; and tools designed for specific skills practice to enable competence. Problems encountered will included content on the implications for faculty in teaching this curriculum, including suggestions for problem resolution. A discussion of results will examine the effects of curricular implementation on faculty development as well as critical incidents in medical student behavior change following training.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Teaching Ethics in OB/GYN Residency Education: A Model
Presenter: Thomas E. Elkins, MD Title: Department Chairman, Program Director
Affiliation: LSU Medical School Telephone: 504 568 - 4852 FAX: 504 568-5140
(Medical School/Residency Program)
Address: 1542 Tulane Ave. New Orleans 70112
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Curriculum objectives: A 1992 national survey conducted by CREOG demonstrated that implementing ethics education within an obstetrics and gynecology residency program continues to prove difficult. The respondents to this survey appeared to have a great deal of interest, but limited guidance. Two questions posed particularly challenging problems. First, can ethics education be evaluated so as to determine whether the effort to construct such a program for residents makes a difference? Second, can ethics education be substantial and yet not be one more burden in an already stressful residency?

Curriculum description: This curriculum is built around four propositions: (1) Ethics has to do with the determination of what ought to be done, all things considered; (2) The central ethical issue of medical ethics is how a patient and a physician form a relationship and how they actually relate to/with each other in the delivery of care; (3) An ethics curriculum in a residency program should relate immediately and specifically to the residents' clinical experience; (4) If patients are more than (potential) illnesses/diseases and professionals are more than highly skilled technicians, then a discourse other than a strictly scientific and medical discourse is necessary.

The creation of this curriculum has required four steps. First, an evaluation and feedback instrument has been designed and field-tested. This instrument--which is administered annually--gathers feedback about ethical priorities for residents, monitors resident development of thought about ethical issues in obstetrics and gynecology, and assesses resident familiarity with ethics resources. Second, a two-year series of ten conferences has been integrated into the residency program's didactic schedule. These conferences work with subjects addressed in APGO's Ethical Issues and Legal Issues monographs and with the ACOG Ethics Committee's position papers. Third, an Ethics Education Committee has been formed. This committee reviews all facets of the curriculum. Fourth, the facilitator of the curriculum has recently begun to rotate with the high-risk obstetric service and with the gynecologic cancer service.

Problems encountered: Time.

Results: All parts of the curriculum have been implemented, effective July 1995. Baseline information has been tabulated and analyzed (summarized in this presentation).

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5864
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1996

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Women's Health Clerkship; Stanford University School of Medicine

Marita Grudzen, MHS

Presenter: Eleanor Segar, MD

Title: Co-Directors

Affiliation: Stanford University

Telephone: (415) 725-4480

FAX: (415) 723-9692

(Medical School/Residency Program)

Address: Division of Family and Community Medicine, 703 Welch Rd, G1, Palo Alto CA 94304

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

A core curriculum in women's health for medical students has been established at Stanford University School of Medicine through a two-week clinical clerkship. The primary goals of this clerkship are: 1) to educate students about the major health concerns of women including issue of age, class, ethnicity and sexual orientation, 2) to provide the skills to thoroughly and sensitively treat women patients, and 3) to encourage the process of critical thinking about gender issues in clinical research and treatment. The clerkship begins with an introduction to the doctor-patient relationship, and to the healthcare seeking practices of women. Then, through a life cycle approach, women's health issues from adolescence to geriatrics are reviewed. Special topics include sexuality, mental health, breast health, skeletal health, cardiovascular health, and violence against women. There are sessions on biological, psychological and sociological transitions, such as menarche. The course wraps up with a focus on prevention and health maintenance to emphasize a model of women's health. Each subject was designed by a "content expert" faculty member and contains well-defined goals in knowledge, skills and attitudes. The clerkship includes didactic and clinical experiences. The clinical sites emphasize ambulatory care but include specialty services such as breast clinic, Planned Parenthood, and sessions with practitioners who examine and treat victims of sexual assault. Also students can assist with several ongoing clinical research studies such as the Women's Health Initiative. Initial challenges have involved identifying faculty who would commit to the design and teaching of the curriculum, funding sources and an administrative home, as well as securing the approval of the Committee on Courses and Curriculum. The Division of Family and Community Medicine has sponsored the course and asked Marita Grudzen, MHS and Eleanor Segar, MD to serve as Co-Directors. Approval has been granted to offer the clerkship beginning in the 1995-96 clinical year.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Task Force on Reproductive Science Expands Horizons

Presenter: Nancy S. Hardt, MD Title: Associate Professor

Affiliation: University of Florida Telephone: (904) 395 - 0238 FAX: (904) 395-0437
(Medical School/Residency Program)

Address: Dept. of Pathology and Laboratory Med. Gainesville, FL 32610
P.O. Box 100275 City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

TASK FORCE ON REPRODUCTIVE SCIENCE EXPANDS HORIZONS

N. S. Hardt MD, L. Doty PhD, A. Pawlina MD PhD, S. Normann M.D.

Introduction: In September 1994 a task force was convened to develop comprehensive basic science objectives for the curriculum on reproductive science in the College of Medicine. The group represented Psychiatry, Anatomy, Pharmacology, Ob-Gyn, Surgery/Urology, Biochemistry and Pathology. Teaching objectives and course content were reviewed.

Success: The reproductive sciences were taught well as measured by performance on standardized examinations. Students receive repeated exposures (at least 3) to topics such as breast cancer, prostate cancer, cervical cancer, venereal disease, HIV, contraception, pregnancy.

Need Improvement: Psychosocial aspects of reproduction were covered one or less times in the curriculum, including: sexual history taking, warning signs of domestic violence, physician and patient sexuality, assault, substance abuse. Physical examination of genitalia had not been integrated into physical diagnosis.

Recommendations: 1) Gear curriculum in reproductive science to the list of 29 common clinical problems. 2) Teach examination of genitalia during the student's first exposure to physical examination to remove the student's impression that this is only done by specialists. 3) Cover each common problem three times in the four year curriculum. Exposure to clinical problems during the basic science years helps students to focus. 4) Minimize departmental boundaries to have a student based curriculum rather than a faculty based curriculum. 5) Interdisciplinary oversight can best steer teaching of human reproduction and related topics.

Early Result: The concept that interdisciplinary task forces can recommend content in specific subject areas was accepted by the full curriculum committee. This interdisciplinary group was also accepted as a component of periodic peer evaluation of teaching.

Problems Encountered: Departmental turf wars have not gone the way of the dinosaur.

Bonus Result: A commitment to improve teaching of psychosocial aspects of reproduction continues. This was an **unanticipated bonus**. Members of the task force now work together in interdisciplinary approaches to improve basic science teaching. The vision was shared, and the grassroots effort continues.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: **FRIDAY, JULY 21, 1995**

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Breast Evaluation and Diagnosis Within an Ob/GYN Department
 Presenter: William H. Hindle, M.D. Title: _____
 Institution: USC School of Medicine Telephone: (213) 226-4018 FAX: (213) 226-3424
 (Medical School/Residency Program)
 Address: LAC+USC Medical Center, Women's Hospital Los Angeles, CA 90033
1240 N. Mission Road, Rm 1-1013 City Zip Code

Completing the Abstract Submission Form

- A. Text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.
 B. Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description;
 (3) problems encountered; and (4) results.

Objective of Curriculum: The Breast Diagnostic Center was established within the Department of Obstetrics and Gynecology of the University of Southern California School of Medicine at Women's and Children's Hospital, LAC+USC Medical Center, Los Angeles, California. Subsequently an educational curriculum was developed for the Ob-Gyn resident physicians, the second and third year medical students, and the patients. The patients in this county hospital are all classified as medically underserved and more than 80% are Hispanic.

Curriculum Description: A core breast curriculum was developed covering anatomy, physiology, pathology, and treatment. Techniques of fine-needle aspiration, mammography, and surgical biopsy were explained to students and taught to the resident physicians. Texts, conferences, lectures, and videos (and "hands-on" experience for the resident physicians) are utilized.

Problems Encountered: Agreement in principle and the cooperation of the Departments of Pathology, Surgery, and Radiology were negotiated over time and clinical protocols agreed upon.

Results: Approximately 9000 patients, 859 medical students and 105 resident physicians have been served and educated in breast care and evaluation.

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-B
 Washington, D.C. 20201

Telephone: (202) 690-5844
 FAX: (202) 890-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1996

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Assessing Training Effectiveness for Health Care Providers

Presenter: Carol S. Hodgson, Ph.D. Title: Assistant Professor

Affiliation: UCLA School of Medicine
Educational Development & Research Telephone: (310) 794-7530 FAX: (310) 794-7465
(Medical School/Residency Program)

Address: 10833 LeConte Avenue, Room 60-048 CHS, Los Angeles, CA 90095-1722

City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Background and Need. Family and intimate violence is an urgent public health problem that has devastating physical and emotional consequences for women, children, and families. Women are more frequent targets of both physical and sexual assault by partners and acquaintances than by strangers. Studies suggest that as many as 30 percent of women treated in emergency departments (ED) have injuries or symptoms related to physical abuse. A great need and interest exists in improving the response of primary health care providers to abused women.

Purpose. The CDC Division of Violence Prevention has been charged with working towards the primary policy goal of increasing physicians' ability to identify and attend to the needs of female victims of family and intimate partner violence. To accomplish this goal, effective programs must be identified which can be disseminated through regional or other broad-based training centers, or recommended to constituents seeking model programs in this field. In 1994, the CDC selected the Doctoring curriculum at UCLA as one of two programs to evaluate for this purpose. Here we describe a pilot evaluation of the UCLA program.

Description of the Curriculum. One of the components of the UCLA Doctoring curriculum is the small group problem-based-learning (PBL) approach. The PBL modules center around important clinical concepts such as teenage pregnancy, homelessness, and domestic violence. In the Domestic Violence Module, students interview a standardized patient who is in a continuing relationship with an abusive partner. Students learn proper interviewing techniques to develop rapport and counsel the patient.

Method. A pilot study of the Doctoring Domestic Violence Module was performed with UCLA affiliated medical students. A sample of convenience composed of 14 second-year medical students was used for the pilot. A pre-test of existing knowledge, attitudes, beliefs, and behavior (KABB) was given to the sample just prior to the students' participation in the Domestic Violence Module. Students were given a number of statements and were asked to indicate if they *strongly disagreed* (1) to *strongly agreed* (7) with the statements. Post-test measures included a survey to assess group process and the student's attitudes about the utility of the various components of the module. Students also assessed their attainment of knowledge from participation in the module.

Results. Results from the pre-test indicate that before participation in the Domestic Violence Module, many of the students surveyed did not see an important role for physicians in the prevention of or intervention with domestic violence. When students were given the statement "given the many threats to health that exist, it is unrealistic to devote much time to domestic violence." The vast majority of students (86%) either agreed to strongly agreed with the statement. Students' response to "It is inappropriate for physicians to intervene in situations of domestic violence unless specifically requested by the patient" 21% (n=3) disagreed or strongly disagreed while 64% (n=9) agreed to strongly agreed. When asked if they could gather information from a patient to diagnose domestic violence 23% felt they could while 46% felt they could not. After completion of the module, students were asked to indicate what they had learned from the experience. Nearly all the students (93%) indicated that they had learned about the predisposing and predictive characteristics of abusers and victims from some to a great extent. All the students indicated that they had learned about the incidence and prevalence of domestic violence from some to a great extent. All but one of the students felt that they had learned interview techniques to detect the presence of domestic violence to at least some extent. Even though preliminary, these results indicate the need for educational interventions for medical students.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

ABSTRACT SUBMISSION FORM

Abstract Title: Women's Health Track in an Internal Medicine Residency Program in a Community
 co-author Janice Werbinski, MD Setting
 Presenter: Sandra J. Hoffmann, MD Title Assistant Professor of Medicine
Michigan State
 Affiliation: University Telephone: (616) 337-6357 FAX: (616) 337-4234
 (Medical School/Residency Program)
 Address: 1000 Oakland Drive Kalamazoo Michigan 49008-1294
 City Zip Code

Completing the Abstract Submission Form

All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
 Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description;
 (3) problems encountered; and (4) results.

Objectives of the Med-Women's Track Curriculum of MSU/KCMS College of Human Medicine:

1. Management of conditions unique to, or more common in, women or for which there are differences in diagnosis and treatment.
2. Ability to take an appropriate history and perform a complete, sensitive, and comfortable physical examination.
3. Knowledge of factors determining "women's wellness", disease prevention, and the recognition of psychosocial, economic, and external violence factors influencing women's health.
4. Knowledge of reproductive choices to facilitate maximum personal choice of the woman patient.
5. Promotion of the patient-practitioner partnership in clinical decision making and education.
6. Critical evaluation of new research data and its impact on women's healthcare.

The curriculum consists of six one-month electives designed to accomplish the above objectives. The resident will be assigned to electives in Women's Cardiology, Women's Psychiatry, The Adolescent Female, Geriatrics for Women, Advanced Gynecology, and Advanced Office Procedures for Women. An extensive reading list and bibliography has been designed to promote self-study, and the resident is encouraged to expand his/her knowledge base beyond the basics to include study of gender differences in assessment, procedure performance, procedure interpretation, pharmacologic response, and therapies. Women's Track residents will be encouraged to highlight these differences during rounds, case presentations, and other group educational pursuits.

In addition, a monthly evening "Feminar" didactic lecture series will be part of the program. Local clinical faculty will be invited to present or participate. The resident will be responsible for designing and implementing at least two of these sessions per year. Topics will be rotated in an 18-month cycle, so various topics can be revisited as the resident becomes more advanced in his/her training. Topics to be rotated include: Gastroenterology, Infectious Disease, Rheumatology, Breast Health, Dysfunctional Uterine Bleeding, Menopause, Teen Sexuality, Depression, Endocrinology, Autoimmune Disease, Osteoporosis, Thyroid Disease, Diabetes Mellitus, Eating Disorders, Incontinence, Endometriosis, Infertility, and Medical Disease in Pregnancy.

Results and problems encountered are not yet able to be delineated, as the program is slated to begin July 1, 1996.

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-B
 Washington, D.C. 20201

Telephone: (202) 690-5884
 FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: A Maternal Child Health Clerkship: Developing an Understanding of the Patient/Physician Relationship

Author: Thomas A. Johnson, M.D. Title: Director of Medical Education

Affiliation: UMass Medical Center Telephone: 508 856-3649 FAX: 508 856-5016
(Medical School/Residency Program)

Address: OB/GYN, UMass Medical Center, 55 Lake Avenue N, Worcester, MA 01655
City Zip Code

Completing the Abstract Submission Form

All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used. Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

A MATERNAL/CHILD HEALTH CLERKSHIP: DEVELOPING AN UNDERSTANDING OF THE PATIENT/PHYSICIAN RELATIONSHIP. T.A. Johnson. The University of Massachusetts Medical School (UMMS), Worcester, MA, 01655.

This new 12-week joint obstetrical and pediatric third-year clerkship has the following educational goals:

1. to provide a substantive longitudinal patient experience associated with childbirth,
2. to improve student understanding of the biopsychosocial components of maternal and infant health and,
3. to facilitate student awareness/understanding of the patient/physician relationship.

Two patients who will deliver during the 12-week period are assigned to each student. Students attend all prenatal visits, the delivery, neonatal and health supervision visits, as well as home visits. Students are available to the patients 24 hours a day through an assigned pager. A weekly two-hour seminar addresses a number of major public health issues, while offering students the opportunity to discuss the relevancy of these and other issues in the lives of their patients.

The first 18 months of the program, involving 56 students and 112 patients, has been evaluated using, in part, a student self-efficacy scale, faculty review of each student's log/essay, and structured patient interviews. Evaluation has revealed enthusiastic student and patient acceptance of a program which demonstrates improved student understanding of both maternal/child health biopsychosocial issues and the patient encounter. The UMMS is adapting this educational model for use in other third-year clerkships.

Address submissions to: **Elena Rice, M.D., M.S.P.H.**
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: **(202) 890-6884**
FAX: **(202) 690-7172**

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

A Program to Promote Medical Students Appreciation of the Nurse's

Abstract Title: Role in Labor and Delivery (L&D)

Presenter: Kenneth R. Kellner, M.D., Ph.D. Title: Professor

University of Florida

Affiliation: College of Medicine Telephone: 904 392-2894 FAX: 904 392-2808

(Medical School/Residency Program)

Address: P. O. Box 100294 Gainesville, FL 32610-0294

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

A PROGRAM TO PROMOTE MEDICAL STUDENT'S APPRECIATION OF THE NURSE'S ROLE IN LABOR AND DELIVERY (L&D). K. Kellner, K. Harmon, University of Florida, Gainesville, FL, 32610-0294

Medical student evaluations of the OBGYN clinical clerkship repetitively scored their relationship with L & D nurses as poor and this was echoed by nursing. Inspired by a resident-nurse program at the University of Kentucky* a program was initiated for medical students to shadow a nurse in labor and delivery. One student is paired each day, early in their obstetrics rotation, with a nurse to function as a nurse's aid for the eight hour day shift. In the first year 107 students and 27 nurses participated (21 more than once). The program was evaluated by questionnaires completed by both student and nurse at the end of the day. Student responses were counted once for each student while nurses responses were counted once for each session. Both students and nurses found the program enjoyable (88% and 93% respectively) and worthwhile (98% and 94% respectively). Both (91% of each) felt the program improved student's appreciation of what nurses do and similar percentages felt it increased students' respect for the nurse as a member of the team. 93% of nurses' responses indicated increased appreciation for the student as a member of the team. No one felt patient care had suffered. Almost all nurses indicated a desire to participate again (78% did) and would encourage other nurses to participate. 92% of the students would encourage other students to participate. Overall, only four negative responses were obtained and were the result of inaccurate student expectations early in the program. Particularly significant is that since the program's inception no negative comments have been elicited from the students about L & D nurses in post rotation debriefings. In conclusion, the program has been very successful in improving student-nurse interaction in labor and delivery.

* Johnson, et al. Acad Med 1992; 67:439

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730.B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: Friday, August 4, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Teaching Women's Health in the Outpatient Setting

Presenter: Rebecca A. Knight, M.D. Title: Internal Medicine Resident PGY-3

Affiliation: Univ. of Illinois at Peoria Telephone: 309/6855-2000 FAX: 309/655-6879
(Medical School/Residency Program)

Address: St. Francis Med. Center, 530 N.E. Glen Oak Ave., Peoria, IL 61637
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeter of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

We designed the women's health curriculum to address the needs of female patients that came up in the outpatient setting (e.g. menopause), to explain approaches to sensitive topics occurring more often in female patients (e.g. domestic violence), and to address common problems that present differently in females than males (e.g. alcohol abuse.) The result was a collection of journal articles that were obtained by two methods: Articles that had been saved over the years by the director of the clinic and new articles found through a computer literature search. The articles were then compared and the best one selected for each topic. Each topic was then introduced with a one page summary or tips and then the article. Some of the problems encountered, were photographs did not copy well, and some topics were underrepresented in literature and articles that fit our curriculum style were not available. The final result was a two volume set that took us half a year roughly to go through. We spent the first 15 - 20 minutes of our clinic day with our supervisor discussing a topic and the associated article. Most of the articles resulted in good discussion and practical knowledge. We will repeat the series every three years approximately and update it as we go.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 890-8284
FAX: (202) 890-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Women's Health Curriculum Using A Multidisciplinary Approach
Mitzi Krockover, M.D.; Janet Pregler, M.D.;
Presenter: and Jodi Friedman, M.D. Title: _____
Affiliation: UCLA School of Medicine Telephone: () 310-794-9830 FAX: (310-794-9831)
(Medical School/Residency Program)
Department of Internal Medicine, Division of General Internal Med
Address: 100 Medical Plaza, Suite 250, Los Angeles, CA 90095 City _____ Zip Code _____

Completing the Abstract Submission Form

- All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

The objectives of the UCLA Department of Medicine Women's Health Program are to train physicians and physicians-in-training about the primary care of women using a comprehensive and multidisciplinary approach; to increase the awareness of these professionals about the limitations and opportunities in women's health research as it impacts on the care of women; and to increase the awareness and knowledge that women's health is impacted by multiple factors including gender, race, culture, and socioeconomic status.

These objectives are accomplished in a variety of modalities and sites emphasizing a multidisciplinary approach. At the undergraduate level, female faculty physicians direct a course on women's health issues. The medical school curriculum integrates women's health issues through problem-based learning, a domestic violence module, and rotation of medical students through the primary care-based Iris Cantor-UCLA Women's Health Center, which integrates health care delivery to women with on-going research and education. Internal medicine residents learn about women's health issues through didactics, clinical rotations including the Iris Cantor-UCLA Women's Health Center, an internal medicine consultation clinic at the Westside Women's Health Center, a non-profit clinic that serves medically indigent women. Other educational activities provided for residents and faculty include a weekly case conference on primary care women's health issues, the Women's Health Grand Rounds, a monthly multidisciplinary conference on women's health issues, and an annual CME conference on women's health issues for practicing physicians.

There have been relatively few problems encountered using this approach, which has been accomplished through the use of faculty physicians, and integration of curriculum into standing programs. The emphasis on primary care has been increasingly supported over the past few years. Opportunities to enhance the program and provide more care to medically indigent populations requires additional funding to support faculty time for development and implementation of community care and for expanded patient services at outside sites such as the Westside Women's Health Center.

This integrated and multi-faceted program has resulted in the accomplishment of our objectives in a relatively short period of time. The program has also led to increased collaboration between multidisciplinary specialists which has expanded training opportunities, educational programs, and an integrated approach to women's health care. Additionally, exposure to clinical trials in women's health research has provided an opportunity to relate that research to daily clinical care and to provide opportunities for interested individuals to pursue that avenue of endeavor.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Primary Care Training for Ob-Gyn Residents: A Collaborative Project

Presenter: Melodee Lasky, MD & Scott Gray, MD Title: Directors Somerset F.P. Residency & Somerset F.P. Residency RWJ-UMDNJ Residency

Affiliation: RWJ-UMDNJ Ob-Gyn Residency Telephone: (908) 685-2899 FAX: (908) 704-0083
(Medical School/Residency Program)

Address: Somerset Family Practice, 110 Rehill Ave., Somerville, NJ 08876

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

In 1992 the Council on Graduate Medical Education recommended that 50% of all physicians be practicing generalists. With the current market trends and managed care emphasizing care provided by primary care physicians, it is anticipated that it will take about 40 years to attain this target distribution of physicians. The development of opportunities for primary care education is gaining increasing importance for OB-GYN training programs across the country. Many women seek regular care from their OB-GYN physician and identify this physician as their only continuity provider. Broader training in primary care for women by OB-GYN residents will allow improved management of the comprehensive needs of these patients. In this project, collaboration between a community hospital family practice residency and a university-based OB-GYN residency provides an educational model aimed at providing primary care residency training to OB-GYN residents.

Overall Goal: To train OB-GYN residents to be able to provide respectful women-centered comprehensive, continuous, and longitudinal primary care. They will be able to coordinate medical, social, and mental health services including consultations and referrals. Objectives: 1. Utilize collaboration between a university and community based residency; 2. Utilize collaboration/sharing of teaching resources between two specialties (Family Practice and OB-GYN); 3. Increase the number of appropriately trained physicians providing primary care services to an important segment of the population

Curriculum description: 30 weeks of primary care training will be incorporated into the 4 year OB-GYN curriculum. Each OB-Gyn resident will spend 20 weeks in primary care training in the first year and an additional 10 weeks in the PGY-3 and PGY-4 years. Educational experiences will center around ambulatory primary care. Rotation blocks will include a combination of in-patient, out-patient and community oriented activities. Training in longitudinal care, a cornerstone of primary care, is provided in the family practice office and a community based Women's Health and Counseling Center. The primary care focus is being integrated into the university based OB-GYN program through Primary Care OB-GYN Grand Rounds. A longitudinal care curriculum is planned for the gynecological and obstetrical clinics in the OB-GYN residency as well.

Problems encountered: 1. Negotiation of time allotted for primary care; 2. Agreement on the definition of Primary Care OB-GYN; 3. Controversial nature of project due to ownership of the title of primary care by both specialties; 4. Collaboration of community and university-based programs, especially with regard to reimbursement and payment of residents; 5. Acceptance of primary care training by OB-GYN residents

Results: The Primary Care OB-GYN Project is beginning this July with excited residents and faculty. Objective and subjective measurements of the curriculum will be obtained.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM *Mature Women's Health*

Abstract Title: A National Survey of Education and Research Regarding Mature Women's Health in Obstetrics and Gynecology Residency Programs

Presenter: June LaValleur, M.D. Title: Assistant Professor

Affiliation: University of Minnesota Telephone: 612 625-5979 FAX: 612 625-0665
(Medical School/Residency Program)

Address: Box 395 UMHC, 420 Delaware St. SE Minneapolis, MN 55455

City: _____ Zip Code: _____

Completing the Abstract Submission Form

- All text should be typed within the boundaries of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

A National Survey of Education and Research Regarding Mature Women's Health in Obstetrics and Gynecology Residency Program, June La Valleur, M.D., Ben Bornshtein, Ph.D.

PURPOSE To examine the curricular content of Obstetrics and Gynecology (Ob/Gyn) accredited residency programs throughout the United States. To assess in these programs topics of research and concordance with the Council on Resident Education in Obstetrics and Gynecology objectives related to mature women's health.

METHODS All accredited Ob/Gynecology residency programs in the United States were identified (N=276). In April, 1994, a questionnaire was mailed to their program directors. Questions pertained to the setting in which mature women are seen, demographics of patients, the number of faculty members whose primary activity focus is on mature women, involvement in research and concordance with the Council on Resident Education in Obstetrics and Gynecology (CREOG) educational objectives for residents.

RESULTS Fifty eight percent (160) of the programs surveyed responded to the questionnaire. Seventy seven percent of programs from the western states returned their surveys as compared to 49% from the midwest, 52% from the northeast and 64% from the south. Large (≥ 25 residents) programs were more likely to respond than smaller programs (69% vs. 55%). Thirty six percent of the respondent programs (N=160) claimed to have a mature women's center, 46% reported having mature women's health designated faculty and 31% indicated they were involved in mature women's health ongoing research. The most common research topics included: osteoporosis, urinary incontinence, symptoms of menopause, heart disease, cognitive function and sexual function. When asked if programs had included certain mature women's health CREOG objectives in their written curriculum, and if attainment of those objectives was mandatory, the residency directors responded as follows:

CREOG Objective	Written Curriculum	Mandated Attainment
Risks and Benefits of HRT	71% (114)	57% (91)
Types & Uses of Pessaries	62% (99)	38% (61)
Prevention of Vascular Disease	50% (80)	26% (42)
Modification of Pharmacologic Regimens due to Aging	48% (77)	23% (37)

Respondents also assessed specific components in each of the above mentioned categories.

CONCLUSION With the population of women in the United States over the age of 45 increasing (approximately 1/3 of all women in 1991) and recognition that obstetrics and gynecology includes primary (generalist) health care for women, residency programs should provide appropriate didactic instruction and sufficient clinical experience in the management of problems and concerns of women in their post-reproductive age. Further efforts are needed to design and assess curricular, instructional, and evaluation systems which intend to satisfy these needs.

Address submissions to: Elena Rice, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W. Room 730-8
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 20, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: IMPLEMENTING AN INTEGRATED WOMEN'S HEALTH CURRICULUM

Presenter: Sandra Levison, MD Title: Director of Women's Health
Lucia Beck Weiss Program Manager of Women's Health

Affiliation: MCPHI Telephone: (215) 842 - 6426 FAX: (215) 843 - 0253
 (Medical School Residency Program)

Address: 3300 Henry Ave Philadelphia, PA 19129
 City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Introduction: Since the early days of the women's movement, concerns have been raised about the differential medical care provided to women patients. In response to this, in 1993, the Medical College of Pennsylvania was awarded the first ever grant given by the Fund for the Improvement of Post Secondary Education (FIPSE) to integrate women's health into its problem-based learning track.

Objective: To redress the inequities of women's health care in medical education through the implementation of a women's health curriculum.

Curricular Description: The Women's Health Education Program at the Medical College of Pennsylvania and Hahnemann University was established to improve health care delivery to all women across the lifespan. This was accomplished by developing, implementing and evaluating a competency based curriculum for medical students, postgraduate trainees, physicians and other healthcare professionals. The goal of this curriculum is to teach the knowledge, skills and attitudes required to maintain women's health through disease prevention, diagnosis and treatment. A strong foundation and accommodating environment were constructed before the initiation of the women's health curriculum. Institutional support, such as policies for sexual harassment, were established to ready the educational climate for curricular reform. Existing curricular materials in the problem based learning track were examined for gender bias and changes were made and reinforced through resource sessions, grand rounds, symposia and journal clubs. These strategies were part of a multi-disciplinary approach to prevent marginalization of women's health issues.

Barriers to Implementation: Problems that we encountered in the past included 1) implementing change in the status quo, 2) the lack of a knowledge base in women's health issues and 3) the lack of faculty and administrative support.

Goals: We have begun to redress the inequities of women's health care so that we can improve health care delivery to all people. We must find additional incentives for faculty to become involved in the women's health curriculum and to continue their own research on women's health issues.

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-B
 Washington, D.C. 20201

Telephone: (202) 690-5884
 FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: APGO Quiz: A learning system for students of women's health care
 Presenter: Diane Magrane, MD Title: Associate Professor
 Affiliation: University of Vermont Telephone: (802) 656-0722 FAX: (802) 656-8577
 (Medical School/Residency Program)

Address: _____ City _____ Zip Code _____

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results

APGO Quiz: A learning system for students of women's health care

Magrane DM, Barclay MB, Girard P

The APGO Quiz is a DOS based computerized self-learning program developed by the Testing and Technology Project of the Association for Professors of Gynecology and Obstetrics (APGO). Recognizing the need to develop and communicate knowledge, skills, and attitudes to promote excellence in women's health care, the Project has developed tools to assist students and instructors. This simple Quiz format also promotes use of computers by students and instructor and has an interdisciplinary and multi-institutional base of development and utilization.

Each Quiz contains a pool of multiple-choice questions which are indexed to learning objectives. Responses are linked to text which explains the correctness and background of the objective of the question. The original Quiz '93 contains six quizzes based on objectives for a clerkship in The obstetrics and gynecology. The most recently issued Quiz '95 focuses on a broad range of objectives in women's health care, including medical conditions seen more commonly in women, gynecologic problems, prevention and screening issues, and objectives relating to contraception, abortion, and sexuality. Questions also address legal, ethical, and economic issues. Quiz '97 will add new questions based upon women's stages of life, from childhood to senescence.

This curricular tool has been exceedingly well received by students of obstetrics and gynecology in the US and Canada. The software is being improved with extension to CD-ROM being considered. The members of the Testing and Technology Project are eager to expand the use of this learning tool to all disciplines providing care and instruction for women's health

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-B
 Washington, D.C. 20201

Telephone: (202) 690-5884
 FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: ~~FRIDAY, JUNE 30, 1995~~

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Utilization of Advanced Practice Nurses in Ambulatory OBGYN Clinics

Presenter: Rebecca P. McAlister, M.D. Title: Program Director, OBGYN Residency

Affiliation: Washington University Telephone: 314 362 4211 FAX: 314 362 0049
(Medical School/Residency Program)

Address: Suite 16306 One Barnes Plaza, St. Louis, MO 63110

City

Zip Code

Completing the Abstract Submission Form

All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used. Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Beginning in July 1993, we instituted care by Advanced Practice Nurses (APN's) in the ambulatory OBGYN clinics at Washington University. Prior to this, all care had been by OBGYN residents. Our objectives were to 1) provide continuity of patient care for the broad spectrum of outpatient "well woman" care, 2) provide teaching to junior OBGYN residents and medical students, 3) develop a practice model with collaborative practice between attendings, senior residents and physician extenders. Our curriculum included parallel clinics for APN's and OBGYN residents. APN's care for low risk obstetric patients and provide well woman GYN care. Medical students and R1 and R2 OBGYN residents attend these clinics and learn physical exam skills and counseling skills from APN's. Residents' clinics include high risk obstetric patients, complicated GYN patients and patients that have been referred for consultation by APN's. Initially, some junior residents were uncomfortable having nurses as supervisors. Additionally, senior level residents needed to become familiar with the scope of practice of APN's and their own role as consultants. After two years of operation, this curriculum is well accepted by patients and learners, and APN sessions are some of the most sought after clinics by students. Residents function smoothly in practice groups with APN's, and are becoming acquainted with the role of collaborative practices in the delivery of health care to women.

Address submissions to: Elena Rice, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: ~~FRIDAY, JUNE 30, 1995~~

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Implementing Curricular Objectives in Women's Health

Presenter: Kathleen McIntyre-Seltman, M.D. Title: Undergraduate Medical Education Committee

Association of Professors of Obstetrics &

Affiliation: Gynecology, University of Pgh. Telephone: (412) 641-1440 FAX: (412) 641-1133

(Medical School/Residency Program)

Address: Magee-Women's Hospital, 300 Halket Street, Pittsburgh, PA 15213

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Women's health issues are defined by the U.S. Public Health Service as "those diseases or conditions which are unique to women, more prevalent or more serious in women, or for which risk factors or interventions are different in women." The Association of Professors of Obstetrics and Gynecology has developed a set of curricular objectives for education in women's health at the undergraduate level. These objectives address preventive, reproductive, general medical, behavioral and psychosocial issues, with attention to the importance of women's role in family and community health. They are designed to carry through the entire curriculum in an integrated manner. These objectives are distinct in content and purpose from those we have developed and published relating specifically to the obstetrics and gynecology clerkship. Our overall goal is to explicitly identify, for each health issue, whether it is gender specific (i.e. different in men and women) or gender neutral.

We have also addressed strategies for implementation of these curricular objectives. These include:

- establishment of a multidisciplinary committee or office responsible to the Dean to coordinate curricular review, implementation and assessment
- overview of the current curriculum to assess strengths and weaknesses in teaching women's health
- establishment of priorities for curricular reform, based on what issues affect women most
- consideration of age/life cycle as a way to structure the curriculum
- emphasis within the established curriculum on awareness of the potential for pregnancy in all reproductive age women
- development and utilization of multidisciplinary ambulatory models for providing and teaching women's health care
- assessment of student evaluation modalities in terms of women's health issues, since testing drives curriculum
- establishment of programs to "teach the teachers"
- outcomes analysis to demonstrate positive outcomes in response to an integrated approach

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: ~~FRIDAY, JUNE 30, 1995~~

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Women's Health Fellowship at Brown University
 Presenter: Ann Moulton MD Title: Assoc. Professor of Medicine
 Affiliation: Brown University Telephone: (401) 444-8472 FAX: (401) 444-4730
 (Medical School/Residency Program)
 Address: 593 Eddy Street Providence RI 02903
 City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Background: Traditional internal medicine residency training does not adequately acknowledge gender differences in disease presentation, diagnosis, or treatment.

Objectives: The Women's Health Fellowship at Rhode Island Hospital and Brown University School of Medicine was developed in 1990 to provide training for Board eligible or certified internists or family practitioners to develop clinical teaching and research expertise in women's health.

Specific objectives include: (1) to develop expertise, including a knowledge base in clinical skills (e.g. colposcopy, endometrial biopsy) in the primary care of women, including General Internal Medicine, Obstetrics & Gynecology, Psychology and Sociodemographic issues (e.g. the effects of discrimination by gender or race). (2) to define an area of research in women's health, and (3) to develop innovative curricula and teaching skills women's health.

Description: The Women's Health Fellowship was started in 1990 by linking the existing resources at Rhode Island Hospital, Women & Infants Hospital and Brown University School of Medicine. The components of the fellowship include: •As a primary training site, a hospital-based multidisciplinary group practice for women established in 1987, staffed by general internists, psychologists, and gynecologists and primary care residents. •Secondary clinical sites to enhance clinical skills include: a mammography unit, a menopause clinic, a breast clinic, and an osteoporosis unit at Rhode Island Hospital. Fellows participate in the teaching of women's health didactics for the Medical Primary Care Unit, the women's health ambulatory topics in the Medical Primary Care residents, the women's health lecture series for Rhode Island Hospital. •Principles of study design and biostatistics are taught through the Departments of Biostatistics and Community Medicine at Brown University School of Medicine.

•Fellows participate in the Teaching to Teach, Stanford Faculty Development Course for Teaching in the Division of General Internal Medicine at Rhode Island Hospital. •Fellows have access to resources at Brown University, including the Department of Community Medicine, the Department of Women's Studies, Center for Gerontology and Health Services Research, Department of Behavioral Medicine at Miriam Hospital; the RI Health Department, and the RI Vanguard site of the Women's Health Initiative.

Results to Date: The program has graduated two fellows who are both now employed at other institutions. (a) The first fellow left to set up her own Women's Health Practice in Southeastern MA. The second fellow is working at the Women's Health Practice, VAH University of Maryland where she is teaching women's health to residents. Other accomplishments stemming from this fellowship include: (1) formal women's health curriculum for the primary care internal medicine residents; (2) 3 research abstracts with 1 publication to date; 5 chapters on the care of female patients in primary care text books; and (3) increased visibility of women's health at all levels of Brown University School of Medicine's curricula.

Conclusion: The Women's Health Fellowship at Rhode Island Hospital and Brown University School of Medicine has been in existence for 4 1/2 years and continues to train physicians who make significant contributions to medical education and research in women's health and to the primary care of all women.

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-B
 Washington, D.C. 20201

Telephone: (202) 690-5884
 FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

ABSTRACT SUBMISSION FORM

Abstract Title: Evaluating a Problem-Based Women's Health CurriculumPresenter: Linda Nieman, PhD Title: Program Evaluator, Women's HealthClaudia Rutenberg, MSProgram AssistantAffiliation: Medical College of PA Telephone: 215 991-8518 FAX: 215 843-6794Medical School Residency ProgramAddress: 2900 Queen Lane, Suite 227 Philadelphia, PA 19129

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description;
- (3) problems encountered; and (4) results.

Introduction

The Medical College of Pennsylvania and Hahnemann University (MCPHU) has implemented a systematic evaluation plan to assess the impact of a Women's Health Curriculum. The Curriculum and evaluations have been integrated into all four years of medical education with an emphasis upon the problem-based track.

Objectives

The goal of the women's health curriculum evaluation plan was to develop and implement multi-method measures and qualitative approaches to assessing the impact of the curriculum over a three year period.

Evaluation Description

Evaluation of knowledge, skills, and attitudes is an essential facet of curriculum development in women's health. We have evaluated knowledge, skills and attitudes as well as the women's health content of performance measures at MCPHU. Our assessments of knowledge and test content have included (i) a multiple choice diagnostic examination for the USMLE 1; (ii) essay and short answer examinations administered in the problem-based track; and, (iii) multiple choice examinations in the lecture-based track. Evaluations of skills have included (i) standardized patient exercises with parallel male and female cases; (ii) assessment of the number of women's health issues elicited by first-year students during their nine-week primary care practicum and, (iii) evaluation of clinical reasoning skills during Individual Process Assessments at the end of each problem-based teaching block. Evaluations of attitudes and perceptions of the program have involved (i) focus groups; (ii) in-depth interviews and, (iii) attitude surveys.

Problems Encountered: The lack of an accepted definition of women's health, of validated measures, as well as faculty inexperience with women's health content posed problems when developing the evaluations. Moreover, faculty have found it pedagogically inappropriate to use the same measures (i.e. the same standardized patient cases) for the two tracks.

Results: Initial results indicate an increasing number of women's health examination questions have been written by the faculty. Standardized patient exercises have been field tested/administered to third and fourth year students. The attitudes of male and females toward physicians differed when comparing problem-based and the Traditional Tracks. Focus groups indicate that problem-based-track students perceive that they are being well prepared in women's health while the Traditional track students find the information is not a main part of their learning. Other data are under analysis.

Address submissions to: Elena Rids, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Women's Health Curriculum at Stanford

Presenter: JoDean Nicolette Medical student IV, Coordinator
 Title: Women's Health Curriculum Committee

Affiliation: Stanford University Telephone: 415 321 5591 FAX: () -
 (Medical School/Residency Program)

Address: OSA, M105 Stanford School of Medicine Stanford, CA 94305

City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Objective: Recently, medical educators have begun to focus on the democratization of medical education. That is, facilitating the evolution of medicine to include a more accurate cross-section of the population of the United States. Evidence of this encouraging trend is the current consensus that the medical community has failed to address the major health needs of women, and the broad-based effort to develop curricula addressing women's health issues in the nation's medical schools. The paucity of data about women is evident and must be addressed through more meticulous and inclusive research, and the new data must be incorporated into training. Educators have proposed several models aimed at broadening medical training, including fellowships, residencies, specialties, and continuing medical education programs.

Curriculum Description: At Stanford we have developed a two week interdisciplinary clerkship in women's health that crosses the traditional departmental structure of most medical schools. This clinical experience follows women's lives chronologically, from adolescence to old age. Segments on prevention and health maintenance, and transitions and changes are well-integrated into the curriculum. The format of the clerkship consists of didactic and instructional sessions in the morning, including several panel discussions, and clinical sessions in the afternoon. A particularly important part of the curriculum is an epidemiological seminar discussing the inclusiveness of biomedical research. Clinical training is focused in a primary care setting but includes specialty experiences such as breast clinic, and an afternoon-in-training with a local sexual assault resource team.

Problems Encountered: The largest obstacle to overcome was the debate over whether the women's health should be stratified or integrated with the rest of the curriculum. Our joint student-faculty task force participated in many hours of thoughtful discussion before making their recommendation to develop a separate curriculum. Our next obstacle was time. Our most passionate task force members were predictably the most overextended. This was particularly true with faculty members who serve as role models for minority groups, yet we felt that their participation was essential to accomplish the level of inclusiveness we eventually attained.

Results: This new curriculum addresses health issues of women from all age, socioeconomic, race, and ethnic groups, and sexual orientations. It focuses not only on issues limited to, or more prevalent in women, but also issues common to both men and women in which practitioner education has been gender biased. It is our hope that the women's health curriculum, in conjunction with gynecology and obstetrics clerkship, and the increased efforts of all our faculty to integrate women's health issues throughout medical school training, will better address the health care needs of all women and improve health care for all patients in the future.

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-B
 Washington, D.C. 20201

Telephone: (202) 690-5884
 FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Detection Of Domestic Violence In Women Presenting To A County Hospital Emergency Room

Author: James J. Nocon, M.D. Title: Third-Year Clerkship Director

Affiliation: Indiana University School of Medicine Telephone: 317-630-6280 FAX: 317-630-6524
(Medical School/Residency Program)

Address: Wishard Hospital, Ob/Gyn, 1001 W. 10th St., Indpls., IN 46202
City Zip Code

Completing the Abstract Submission Form

All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.
Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description;
(3) problems encountered; and (4) results.

1) Objectives of the curriculum: The clinical observation that many women who present for medical care after an alleged sexual assault may actually be victims of a larger spectrum of domestic violence has not been evaluated. This study was designed to teach medical students and residents the value of a questionnaire to assess the general prevalence of women at risk for domestic violence presenting to an emergency room for gynecologic care and to compare that group to those who present with a complaint of alleged sexual assault.

2) Curriculum description: All women presenting to a large county hospital emergency room were given a questionnaire by the examining physician. The questionnaire asks about exposure to violent behavior, fear of the partner, coerced sexual conduct and knowledge of an assailant. Demographic characteristics, patterns of injury and the nature of prior emergency room visits were also examined.

3) Problems encountered: The main problem was maintaining consistency in the use of the questionnaire. For example, while all patients who alleged sexual assault were offered the questionnaire, only about half of the patients presenting for gynecologic complaints were offered it.

4) Results: The questionnaire is effective in identifying a substantial number of patients (prevalence approximately 20%) at risk for domestic violence. Moreover, the study group presenting with an alleged sexual assault reported being a victim of domestic violence substantially more often (49% $p < .01$) than those who present for gynecologic complaints. This represents a significant new finding in defining a group of patients at risk for domestic violence.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-6884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

ABSTRACT SUBMISSION FORM

Abstract Title: Gender Reconciliation in the Art of HealingPresenter: James J. Nocon, M.D. Title: Third-Year Clerkship DirectorAffiliation: Indiana University School of Medicine Telephone: 317-630-6280 FAX: 317-630-6524
(Medical School/Residency Program)Address: Wishard Hospital, Ob/Gyn, 1001 W. 10th Street, Indianapolis, IN 46202
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Title: Gender Reconciliation in the Art of Healing

1) Objectives of the curriculum: To facilitate the growth of the medical student into the role of the healer with a particular emphasis on teaching men and women to find their own blocks to healing the opposite gender.

2) Curriculum description: A series of six one hour seminars was designed to explore gender differences in the physician-patient relationship by teaching facilitation techniques using a peer teaching model. In the seminars, men are encouraged to connect with their inner feminine archetype so that they may recognize the caring place within them rather than externalize this place as a feminine one and thereby fail to embrace its power to heal. Likewise, women are encouraged to identify the inner masculine so that they may be empowered to use this energy to remove their respective obstacles to the healing process. Another technique allows the student to recognize the presence and power of the human shadow (repressed experiences) to block the healing process. Typical questions asked include: What keeps the patient from healing? What purpose does the symptom serve? What prevents physicians from facing the truths placed before them?

3) Problems encountered: Much of the facilitation work is Jungian in nature and many of the medical students have little to no exposure to Jungian psychology. Moreover, there is a great reluctance to admit in a peer setting the feelings of fear and anger which serve as the most common obstacles to recognizing the "healing moment."

4) Results: The response from the medical students to the seminars was overwhelmingly positive. They ranked getting beyond their ego to a new vision of the self as healer as their most valuable insight. They felt that this approach introduced the concept of soulfulness to medicine.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-6884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Using Problem Based Learning To Detect and Change Gender

Abstract Title: Related Biases and Sexual Attitudes

Presenter: James J. Nocon, M.D.

Title: Third-Year Clerkship Director

Indiana University

317-630-6280

317-630-6524

Affiliation: School of Medicine

Telephone: () -

FAX: () -

(Medical School/Residency Program)

Address: Wishard Hospital, Ob/Gyn, 1001 W. 10th St., Indpls., IN 46202

City

Zip Code

Completing the Abstract Submission Form

All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.

Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description;

(3) problems encountered; and (4) results.

1) Objectives of the curriculum: Problem-based learning has been used as an effective method for teaching the academic core in OB/GYN clerkships. This study sought to determine if problem-based learning can also be used as an effective method to detect and change medical students' gender related biases and attitudes.

2) Curriculum description: During the clerkship, five groups of students (n=130) were taught the core material using a problem-based learning method. Students in the first two groups (n=34) recieved no instruction on abortion issues and each of the last three groups (n=96) recieved a problem-based seminar on abortion. The effectiveness of this method was assessed by reviewing the students' comments on a short answer essay examination.

3) Problems encountered: In another question designed to evaluate indications for IUD contraception, the majority of students failed to recognize that a married patient with a sexually transmitted disease may be in a non-monogamous relationship. However, 8% of the female students and 5% of the male students assumed the patient must have been unfaithful rather than her spouse.

4) Results: More students answered that abortion was a patient's option in the groups that had the abortion seminar (36% vs 56%, $p < 0.05$). Moreover, females included abortion as an option in greater numbers than males (74% vs. 49%, $p < 0.05$). We concluded from these results that problem-based learning can be an effective tool for discovering biases that would be missed by more traditional teaching methods and that it can also be a useful tool for changing students' attitudes.

Address submissions to: Elena Rios, M.D., M.S.P.H.

Office on Women's Health, OASH

200 Independence Ave., N.W., Room 730-B

Washington, D.C. 20201

Telephone: (202) 690-6884

FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

ABSTRACT SUBMISSION FORM

Using Problem Based Learning To Teach The Detection and Management

Abstract Title: Of Domestic ViolencePresenter: James J. Nocon, M.D. Title: Third Year Clerkship Director

Indiana University

Affiliation: School of Medicine Telephone: (317)-630-6280 FAX: (317)-630-6524

(Medical School/Residency Program)

Address: Wishard Memorial Hospital, 1001 W. 10th St., Indpls., IN 46202

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

- 1) Objectives of the curriculum: Problem-based learning has been used as an effective method for teaching the academic core in OB/GYN clerkships. This study attempts to determine if problem based learning can be used as an effective method to teach the detection and management of domestic violence.
- 2) Curriculum description: In the first week of the clerkship, the students are given the case of a patient who presents with a history of vague pelvic pain, dysmenorrhea, and dyspareunia. The problem is presented in three parts. The first part emphasizes the necessity of a thorough history, physical examination and laboratory testing common to all female patients. Students are challenged to develop a plan of management for this patient. Part two reveals the typically unremarkable results of the physical exam and laboratory testing found in battered women. Part three reveals the lack of an organic etiology as evidenced in prior medical records and laparoscopy performed by other physicians. Immediately thereafter, a thorough discussion of the problems encountered in detection and management of domestic violence occurs. The students are then given a simple patient questionnaire to help them identify the patient at risk for domestic violence.
- 3) Problems encountered: Students are asked to formulate a differential diagnosis after part two and they uniformly include endometriosis or pelvic inflammatory disease as the etiologic factors.
- 4) Results: Prior to this exercise, no student has ever identified an abused patient in the clinic setting. Students are now eagerly involved in the detection and management of domestic violence in their clinic assignments and identify such patients with increasing frequency.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-6884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Homophobia obstructs the provision of quality health care for lesbians.

Presenter: KATHERINE A. O'HANLAN, M.D.
F.A.C.O.G., F.A.C.S.

Associate Director, Gynecologic Cancer Service

Affiliation: DEPARTMENT OF GYNECOLOGY AND OBSTETRICS
STANFORD UNIVERSITY MEDICAL CENTER
STANFORD, CALIFORNIA 94305-5317

Address: Patient Line (415) 723-5502 Fax (415) 723-7737 Academic Office (415) 723-8585

E-mail: HF.KAO@Forsythe.Stanford.Edu

City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Homophobia obstructs the provision of quality health care for gay men and lesbians.
O'Hanlan, Katherine A., Division of Gynecologic Oncology, Stanford University, Stanford CA 94305-5317

Homophobia, the antipathy or disdain for gay men and lesbians, is a widespread response to an unfamiliar and previously hidden segment of society. There is evidence that medical practitioners are not immune to having learned this pervasive societal prejudice and may unintentionally reflect disdain for homosexuals when they present as patients. Survey evidence will be presented which suggests that gay male and lesbian patients perceive this disdain and are alienated from the medical system, reducing their utilization of standard screening modalities, potentially resulting in higher morbidity and mortality from cancers and heart disease.

Surveys of the lesbian community assessing health risk profiles confirm the need for real scientific inquiry. A tentative health profile of lesbians will be presented which reveals that they are more likely to be nulliparous or oligoparous, possibly having a higher body mass index, using more tobacco and alcohol, and are less likely to contract gynecologic infections and sexually transmitted diseases. If this profile is correct, then lesbians would be at higher risk for breast, uterine, ovarian and colon cancers as well as heart disease and stroke. Gay males are theoretically at increased risk of lung, colon and gastric cancers, as well as heart disease.

Research suggests that diversity of sexual orientation appears to result variably from genetic influences, embryologic hormones, and personal experiences without any associated sociopathology. Thus, being lesbian or gay is not genetically or biologically hazardous, but risk factors are conferred through "homophobic fallout." Remedies for the profound medical and psychological effects of such disdain on the developing self-concept will focus on youth as well as the adults who recognize within themselves a same-sex orientation. The process of homophobia—the socialization of heterosexuals against homosexuals and concomitant conditioning of gays and lesbians against themselves—must be recognized by physicians as a legitimate health hazard. Solutions to homophobia in medical practice are discussed which would improve access to care as well as the quality of care provided to gay men and lesbians and favorably impact the health and quality of life of this population.

Address submissions to: **Elena Rios, M.D., M.S.P.H.**
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Nurse - Resident Preceptor Program to Foster Collaborative Working Relationships
Presenter: Sharon O'Leary MD Title: Staff Physician
Affiliation: William Beaumont Hospital Telephone: 313 434-6200 FAX: 313 434-7323
(Medical School/Residency Program)
Please send info to presenter at
Address: 4936 Clark Rd Bldg D Suite 100 Royal Oak MI 48197
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

NURSE-RESIDENT PRECEPTOR PROGRAM TO FOSTER COLLABORATIVE WORKING
RELATIONSHIPS. S. O'Leary, J. Musich, William Beaumont Hospital, Royal Oak, MI 48073

Objectives: To improve the intern's and the nurses' understanding of each other's roles through active participation, in order to foster collaborative working environment.

Curriculum Description: Prior to beginning the academic year each Ob/Gyn intern is paired with a labor and delivery nurse for an eight-hour shift. In the same day he/she is paired with either a gynecology or postpartum nurse for an additional four hour shift. The intern's role is that of nurse's aide both observing and participating in her daily activities. The intern is not identified to the patients as physicians. Later in the year the nurses follow an intern through an entire 36-hour call shift observing and assisting the intern. Our purpose is to allow nurses and interns to "walk in each other's shoes" and hence be exposed to the unique pressures and responsibilities inherent in each job. Upon completion of the program a debriefing session is held in which all participants evaluate the program.

Problems Encountered: Initially, negative attitudes were the biggest obstacle we met. The interns were anxious to begin their clinical work and the nurses were hesitant about spending a 36 hour shift at the hospital. Reimbursement of the nurses hours was also a problem which was overcome by compensating the nurses with days off. Finally, objective evaluation of the program is difficult because of the multiple factors involved in establishing relationships between nurse and physician.

Results: Although objective data is not available to determine if participation in the program improved relationships, both nurses and interns stated that the program successfully allowed them to gain a better appreciation of each other's roles and felt this allowed for better working relationships. The intern's uniformly determined that the program gave them a unique perspective in which to begin the year. Nurses reported improved relationships with the residents and directly attribute this to having participated in the program.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

ABSTRACT SUBMISSION FORM

DESIGNING A PRIMARY CARE CURRICULUM FOR OB/GYN RESIDENTS:

Abstract Title: RESULTS OF A NEEDS ASSESSMENT.

Presenter: Kelly S. Parsey, M.D.

Title: Women's Health Fellow

Affiliation: Durham VAMC/ Duke

Telephone: (919) 286.6936

FAX: (919) 416.5836

(Medical School/Residency Program)

Address: 508 Fulton St. (152)

Durham, N.C.

27705

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Objectives of the curriculum: Supported by the American College of Obstetricians and Gynecologists' (ACOG) guidelines for training OB/GYN residents in primary care, we proposed a curriculum that would both train OB/GYN interns in non-gynecologic primary care as well as expose this group to a multidisciplinary approach to women's health.

Curriculum description: We have designed a 6 week rotation for OB/GYN interns which includes the following clinical time structure: 30% in non-gynecologic clinics, such as General Medicine, Breast, and Mental Health Clinics; 40% incorporating comprehensive health care in a gynecologic clinic setting; 20% in didactic conferences, such as OB/GYN and Internal Medicine grand rounds, Ambulatory Care Morning Report, and a Critical Appraisal of the literature conference. Finally, 10% of the time is spent on individual instruction by the Women's Health Fellow. This covers common problems encountered in the out-patient medical care of women.

Problems encountered: A problem encountered in the development of the curriculum for the individual instruction sessions was in identifying the medical topics that needed emphasis. We requested that the OB/GYN housestaff and faculty complete a needs assessment survey which utilized a 10-point level of comfort scale for 14 areas of primary care identified by the ACOG guidelines. We designated a comfort score of 5 or less as indicating an area in need of further training. Our survey found that OB/GYNs needed further training in the following areas: treatment of hypertension (100%), treatment of non-gestational diabetes (100%), screening for depression (82%), screening for skin cancer (71%), treatment of musculoskeletal complaints (68%), and immunization requirements (61%). However, we found that few OB/GYNs needed training in these areas: screening for domestic violence (25%), evaluating abdominal pain (7%), and counseling about safe sex practices (0%).

Results: Based on these responses, we developed a curriculum for the individual instruction sessions to emphasize six areas: hypertension, musculoskeletal complaints, non-gestational diabetes, immunization requirements, depression and skin cancer screening.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Program in Female Clinical Anatomy: A Model for Incorporating Women's Health into the Basic Sciences

Presenter: Kathryn E. Peek, Ph.D. Title: Director, Program in Female Clinical Ana

Affiliation: University of Texas-Houston Telephone: (713) 745-2143 FAX: (713) 792-5795
(Medical School/Residency Program)

Address: 6431 Fannin, Ste. 7.046 Houston, TX 77030
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Background. In traditional medical education, the normative human is a 70-kg male. Anatomy texts and instructional materials generally portray the human body with distinctly masculine traits. Differential female characteristics are described only in sections dealing with reproductive anatomy. Hence, medical students learn that female bodies are like male bodies except in reproductive structure and function.

Objectives. The new Program in Female Clinical Anatomy at the University of Texas-Houston Medical School has been designed to expand the fund of knowledge about normal female biology and communicate the growing base of information to medical students, researchers, surgeons, and physicians. Specific aims of the Program include: 1) augmenting the existing medical curriculum to include focused instruction about unique characteristics of the female body; 2) identifying gaps in knowledge and initiating collaborative investigations about normal female biology; and 3) increasing research relevant to women's health by training and assisting scientists to include gender-specific investigations in their research studies.

Description. Although several institutions have initiated medical education programs in women's health, ours is one of the first to be based in the basic biomedical sciences. Therefore, we are able to influence students very early in their medical training, when they are learning the basic concepts that underlie clinical medical practice. The components of the Program include:

- A laboratory-based instructional module in gynecological anatomy incorporated into the Gross Anatomy course. The module leads students through a programmed unit about female pelvic anatomy, utilizing prosected and plastinated cadaver materials. Modules about female-specific structure throughout the body have also been incorporated into the A.D.A.M.™ (Animated Dissection of Anatomy for Medicine) instructional software program. Thus, medical students receive focused training about differential female anatomy during their first semester of medical school.

- A training resource for researchers who want to study female physiology. The Program offers teaching and training in comparative female biology to assist researchers in adapting and developing basic-science research models to include female animals.

- A database of gender-specific anatomic information. Plans are underway to capture and catalog the raw images from the Visible Human Project, made available via the internet by the National Academy of Medicine. These images will be digitized, labeled, and publicized to interested biomedical personnel.

Results to Date. The Program has been in existence for only a few months. Early experience suggests good acceptance by medical faculty and students alike. Accomplishments so far include:

- start-up grant support from the Women's Fund for HER (Health, Education, and Research);
- four collaborative research projects in progress;
- summer research training for a first-year medical student;
- participation in the development and facilitation of Problem Based Learning case studies.

Conclusion. The Program in Female Clinical Anatomy promises to influence medical education by establishing a model for incorporating women's health into the basic-science curriculum.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Impact of Clerkship Requirement on Use of CAI

Presenter: Sharon T. Phelan, M.D. Title: Associate Professor & Clerkship Director

Affiliation: University of Alabama at Birmingham Telephone: (205) 934-7872 FAX: (205) 934-2258
(Medical School/Residency Program)

Address: 301 South 20th Street, Suite 604 Birmingham, Alabama 35233-2023
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Impact of Clerkship Requirement on Use of CAI

Sharon T. Phelan, M.D., Eta S. Berner, Ed.D., James R. Jackson, Ph.D.

As clinical experience moves into the ambulatory setting, it is more difficult to give students the opportunity to evaluate an undiagnosed patient complaint. This can be especially true in Ob-Gyn where it is often difficult to get medical students into private clinics. To provide this experience the students were instructed on a decision support program (QMR) that had 24 specific cases that we designed for their use. The diagnoses ranged from classic Ob/Gyn (amenorrhea) to medical issues (hypothyroid), surgical emergencies (appendicitis), psychiatric problems (depression) and public health issues (secondary syphilis). In addition computer programs on fetal monitoring and other relevant topics from ACOG were made available on three student-dedicated computers and their use was strongly encouraged.

The 1992-1993 academic year (Group I) were encouraged, but not required to do the cases, the 1993-1994 academic year (Group II) were required to complete at least 4 assigned cases. Both years had a formal program instruction session early in the clerkship and dedicated time to work on the computers. At the end of each clerkship in Group II there was a small group session to discuss 4-6 randomly chosen cases with the student assigned the case role playing the patient and providing the responses the computer had given.

The students completed an evaluation on the entire computer experience. The resulting sample of 181 students represented > 80% of each group. Having the required cases and group follow-up led to more students using the computer and overall more hours spent using the computer, especially QMR. Although this seems intuitively obvious, there was the risk that the students would just shift their time allocation for computer rather than increase overall time.

Medical students tend to invest time only in those activities that are evaluated or that they feel are useful. Learning a new program/skill can be very time consuming. Requiring the use of QMR in a structured program, increased the number of students using the computers significantly and the time spent on the computers per student. It is clear that simply making CAI available is not enough to ensure its use by medical students, even when dedicated time and computers are provided. The educational activity should also be generalizable. The students have found this useful enough that the institution is exploring getting this or a similar decision support program on a main frame to be accessed by students on all services not just Ob/Gyn.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
203 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 680-6884
FAX: (202) 680-7172

DEADLINE FOR SUBMISSION: **FRIDAY, JULY 21, 1995**

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Timing of Pelvic Exam Instruction During Medical School

Presenter: Sharon T. Phelan, M.D. Title: Associate Professor & Clerkship Director

Affiliation: University of Alabama at Birmingham Telephone: (205) 934-7872 FAX: (205) 934-2258
(Medical School/Residency Program)

Address: 301 South 20th Street, Suite 604 Birmingham, Alabama 35233-2023
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Timing of Pelvic Exam Instruction During Medical School

Sharon T. Phelan, M.D.

The teaching of physical exam techniques has commonly been accomplished in many ways and times in the curriculum. More institutions with LCME encouragement are starting courses in the second year of medical school to prepare the student for the clinical clerkships. There is one possible exception - the pelvic exam.

At UAB the second year class participates in a year long Introduction to Clinical Medicine (ICM) that includes pelvic exam instruction during one week in the spring. To provide 180 students the opportunity to observe three pelvic exams and to perform one during a single week is challenging. Since gynecologic teaching associates are used, the session is not done during clinic. Thus, there are logistics for faculty instructors, GTA's, nursing support, exam rooms and equipment to be arranged. The faculty expressed a desire to shift this instruction to the beginning of each Ob/Gyn clerkship when there would be smaller numbers of students and immediate reenforcement of the technique in the clinic setting. Prior to such a change, the fourth year class was surveyed to determine when they felt the pelvic exam should be taught.

The students were evenly divided 51% to 49% regarding when to teach the exam. When the data is reviewed by individual rotations it showed that students who started Ob/Gyn later in the third year were almost twice as likely to want the instruction then rather than in the second year. Yet the later in the year a student did the Ob/Gyn Clerkship, the more likely the student had already done pelvics on other clinical services, commonly family medicine. Since the two preference groups were the same regarding experience with pelvics prior to the clerkships, this did not seem to be a decisive influence.

The most compelling point for continuing the teaching in the second year were the observations made by the students. "It is important for students to realize that it is part of a woman's health maintenance, not just a part of Ob/Gyn". We need to enforce the idea that women's health care is an issue for all physicians and not just Ob/Gyns. Teaching the pelvic only with the clerkship tends to send the wrong message. For this reason in particular, we at UAB continue to teach the pelvic exam during the sophomore ICM course in the spring.

Address submissions to: Elena Ries, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Developing and Implementing a Women's Health Curriculum from a Generalist Perspective
Janci Pregler, M.D.; Jodi Friedman, M.D.;
Presenter: and Mitzi Krockover, M.D. Title: _____
Affiliation: UCLA School of Medicine Telephone: () 310-794-9830 FAX: () 310-794-9824
(Medical School/Residency Program)
Department of Internal Medicine, Division of General Internal Med
Address: 100 Medical Plaza, Suite 250, Los Angeles, CA 90095 City _____ Zip Code _____

Completing the Abstract Submission Form

- All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.
Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description;
(3) problems encountered; and (4) results.

"Developing and Implementing a Women's Health Curriculum from a Generalist Perspective" Janci Pregler M.D., Assistant Clinical Professor; Jodi Friedman, M.D., Assistant Clinical Professor and Associate Program Director, Internal Medicine; Mitzi Krockover, M.D., Assistant Clinical Professor and Director, Iris Cantor-UCLA Women's Health Center, Division of General Internal Medicine, Department of Medicine, University of California, Los Angeles.

There is a growing consensus that traditional medical education at both the undergraduate and graduate level has not adequately prepared generalists to care for women. To begin to address this issue, goals and objectives for women's health education for generalists at the medical school, residency, and fellowship level have been developed. Implementation has included a multi-site, multi-disciplinary approach which has emphasized the role of the generalist as provider of the majority of care and as coordinator of the health care team. Case-based learning modules at the medical student and resident level have been used to demonstrate the impact of gender on the evaluation and treatment of a variety of clinical conditions. Specific emphasis has been placed on important aspects of anatomy, physiology, and psychosocial conditions of women. Medical students and residents are also exposed to concepts of women's health related issues on such topics as critical review of the literature and managed care.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave. N.W. Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract title: The Women's Health Track: A Model for Training Internal Medicine Residents

Presenter: Michelle M. Roberts, M.D. Title: Assistant Professor of Medicine

Affiliation: University of Pittsburgh Telephone: (412) 648-9770 FAX: (412) 648-7047

(Medical School/Residency Program)

Additional authors: Frank J. Kroboth, M.D. and George M. Bernier, Jr., M.D.

Address: E-1140 Biomedical Science Tower Pittsburgh PA 15261
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

The current practice of ambulatory internal medicine involves management issues in women's health which are not often taught in standard residency programs. The University of Pittsburgh Medical Center has initiated a pilot program, the Women's Health Track, to provide internal medicine residents with the opportunity to develop clinical skills and expertise in aspects of health that are unique to women. Incorporated into an established internal medicine residency, this program combines areas of obstetrics, gynecology, psychiatry, and adolescent medicine into a multidisciplinary curriculum that prepares internists to provide a variety of routine health care and screening services to women. The program is structured as a series of electives spread throughout the three years of an internal medicine residency with both inpatient and ambulatory care experiences. The first year includes a one month full-time rotation in the Emergency Department of a large urban obstetrics and gynecology hospital. Interns also spend one-half day every other week for 12 months in an urgent care clinic for evaluation of gynecologic problems. The second year includes a one month inpatient rotation on a women's psychiatric unit which provides both medical and psychiatric care. An additional one month block is spent in an ambulatory care elective that includes subspecialty clinics in osteoporosis, reproductive endocrinology, GI problems in women, urogynecology, adolescent medicine-contraception and cervical disease. During the second year, residents spend one half day every other week for 6 months in a clinic which provides continuity care for anxiety, depression, and postpartum related psychiatric disorders. One half day every other week for the remaining 6 months is spent in breast cancer clinic; a multidisciplinary clinic staffed by oncologists, radiologists, and surgeons. Third year residents spend one month on medical complications of pregnancy, which includes medical consultations and outpatient management of high risk obstetric patients. They also spend one month in gynecology clinic at Student Health Services of the University of Pittsburgh. The third year ambulatory care experience is based in a mature women's clinic, which focuses on medical and gynecologic problems of women over age 55. A monthly journal club meets during each year and provides a forum for discussion of specific topics not covered in rotations. Overall, the administration in both the School of Medicine and the Department of Medicine have been extremely supportive of the Women's Health Track. The major problems encountered have been scheduling conflicts and personnel changes. There is no external funding source. The program is currently in its third year of existence with three residents at the PGY 1 and 2 levels and two at PGY 3. One male resident entered the program in his second year and recently completed his residency. He is now doing a year of locum tenens and said the Women's Health Track trained him to provide better care for women patients.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Development and Implementation of a Women's Health Curriculum for Medical Students

Abstract Title: _____
Presenter: Patricia A. Robertson, M.D. Title: Assoc. Prof. of Clinical Obstetrics & Gyn;
Dir., Ob/Gyn Medical Student Teaching Program

Affiliation: Univ. of CA, San Francisco Telephone: (415) 476-1824 FAX: (415) 476-1811
(Medical School/Residency Program)

Address: UCSF, Dept. of Ob/Gyn & R.S., Box 0132, San Francisco, CA 94143-0132
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

OBJECTIVES OF THE CURRICULUM

- 1) To teach basic gynecology within the context of an interdisciplinary women's health curricula for second-year medical students (n=150) in the Introduction to Clinical Medicine Course
- 2) To sensitize the medical students about psychosocial issues of women's health

CURRICULUM DESCRIPTION (Total Hours = 16)

- 1) Introductory Lecture (1 hour)
- 2) Progressive Disclosure Cases (2 hours each x 5 = 10 hours) (groups of 8 students and 1 faculty)
 - a) vaginitis
 - b) pelvic pain
 - c) menopause
 - d) urinary incontinence
 - e) abnormal vaginal bleeding
- 3) Gynecologic History Taking (2 hours) (groups of 6 students with 1 faculty)
 - a) unplanned pregnancy
 - b) contraception
 - c) postmenopausal bleeding
- 4) Pelvic Model Session (2 hours) (groups of 4 students, 1 faculty, and 1 gynecologic teaching associate)
 - a) breast exam
 - b) pelvic exam
 - c) rectovaginal exam
- 5) Final Examination (1 hour)

PROBLEMS ENCOUNTERED

- 1) Complex administration of the course due to the large number of faculty required (both full-time academic and volunteer clinical faculty utilized with an hour of faculty training prior to the small groups).

RESULTS

- 1) The course was well accepted as a multi-disciplinary case-based method curriculum. Overall, the students rated the course on a scale of 1 - 10 (1=inadequate, 10=outstanding), as 8.34 (mean).
- 2) Students who had exposure to both primary care faculty and Ob-Gyn faculty preferred that the majority of the progressive disclosure cases be taught by Ob-Gyn faculty, but stated that at least one of the cases should be taught by faculty from Family Medicine or Internal Medicine.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: Friday, August 4, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Student Evaluation of an Assigned Day in an Abortion Clinic in the
Abstract Title: Junior Clerkship in Obstetrics and Gynecology
Presenter: Patricia A. Robertson, M.D. Title: Associate Prof. of Clinical Obstetrics & Gynecology; Dir., Ob/Gyn Medical Student Teaching Program
Affiliation: Univ. of CA, San Francisco Telephone: (415) 476-1824 FAX: (415) 476-1811
(Medical School/Residency Program)
Address: UCSF, Dept. of Ob/Gyn & R.S., Box 0132, San Francisco, CA 94143-0132
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

OBJECTIVES OF THE CURRICULUM

- 1) Education about the procedure of first trimester abortion
- 2) Observation of the counseling process for women with unplanned pregnancies
- 3) Experience in performing pelvic exams in the first trimester to increase sensitivity in detecting pelvic masses

CURRICULUM DESCRIPTION

- 1) The medical student was assigned to one day at a faculty-supervised abortion clinic, in which 4-6 patients are counseled and examined in the morning, and 5-6 procedures are performed in the afternoon. The student was expected to follow 2 patients through the counseling process and procedure.
- 2) An evaluation of the experience at the abortion clinic was filled out by the medical students at the end of their 6 week rotation in obstetrics and gynecology.

PROBLEMS ENCOUNTERED

- 1) Two of the 68 medical students assigned to the clinic elected not to fully participate in the experience. One student did not attend without notifying the clinic, and the other medical student attended the AM counseling session only, after a conference with the course director in which she stated she had religious objections to observing the procedure.

RESULTS

- 1) Fifty-five of the 66 students who experienced the rotation evaluated the experience (83.3% response rate).
- 2) 50.9% of the students scored the experience as a "5" (excellent), 16.4% as a "4," 14.5% as a "3" (average), and 1.8% as a "2." No student scored the experience as a "1" (not worthwhile).
- 3) Overall, the majority (98.2%) of medical students valued the educational experience of one day at the abortion clinic as part of the third year rotation in obstetrics and gynecology.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: Friday, August 4, 1995

ABSTRACT SUBMISSION FORM

Medical Student Gender and Personality Type as Factors in Clinical Evaluations on a Junior Ob-Gyn Rotation

Abstract Title:

Presenter: Elmar P. Sakala Title: M.D., M.P.H.

Affiliation: Loma Linda University Telephone: 909 824-4762 FAX: 909 824-4167

(Medical School/Residency Program)

Department of Gyn-Ob, Room 3401

Address: Loma Linda University Loma Linda, CA 92354

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

MEDICAL STUDENT GENDER AND PERSONALITY TYPE AS FACTORS IN CLINICAL EVALUATIONS ON A JUNIOR OB-GYN ROTATION. Elmar P. Sakala, MD, MPH. Loma Linda School of Medicine, Loma Linda, CA 92350.

OBJECTIVES: The purpose of this study was to explore if medical student clinical evaluations on a junior Ob-Gyn clinical rotation are associated with gender and/or personality type.

DESCRIPTION: Myers-Briggs Type Indicator (MBTI) scores, obtained on admission to medical school, were used to identify students as: either Extrovert (E) or Introvert (I); either Intuitive (N) or Sensing (S); either Feeling (F) or Thinking (T); as Judging (J) or Perceiving (P). Students were categorized into either one of the type types in each pairing regardless of the strength of the direction of their score within the pairing. The relationship of 4 student personality traits (E vs I; N vs S; F vs T; J vs P), and gender to 5 components of students grades (Clinical Evaluation, Oral Examination, National Board Shelf Exam, OSCE history-taking, OSCE patient-rapport skills) was assessed using Students' T-test or Mann-Whitney test as appropriate. Statistical significance was assumed if $p < .05$.

RESULTS: MBTI scores were available on 144 out of 299 (48%) junior students from the classes of 1993-94. Significantly more females than males were of the F type (55% vs 27%) compared with T type (45% vs 73%; $p = .002$). Female E types received significantly better grades than female I, male E or male I in OSCE patient-rapport skills ($p = .027$), Oral Examination ($p = .01$), and Clinical Evaluation ($p = .001$). No differences in student grades were seen between N and S types, while F types tended to do better on OSCE history-taking than T types ($p = 0.63$). Female P types received significantly better grades than female J, male P or male J in OSCE history-taking ($p = .031$), Oral Examination ($p = .024$), and tended to better on the Shelf Exam ($p = .067$).

CONCLUSION: Extrovert women achieve significantly higher grades in OSCE patient-rapport skills, Oral Examinations, and Clinical Evaluations. Perceiving women received better grades in OSCE history-taking, Oral Examination, and tended to do better on the National Board Shelf Exam. MBTI scores in male students did not appear to have any demonstrable impact on grades assigned.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-8
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Doctoring: A Focus on Women's Health

Presenter: Stuart J. Slavin, M.D.

Title: Co-Chair, Doctoring Course

Affiliation: UCLA School of Medicine
(Medical School/Residency Program)

Telephone: 310) 206-8750

FAX: 310) 825-6394

Address: Dept. of Pediatrics, UCLA School of Medicine, 10833 Le Conte Ave., Los Angeles, CA

City

Zip Code 90095-172

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Objectives: Doctoring is a three-year, longitudinal, multidisciplinary course taught at the UCLA School of Medicine. Its overarching goal is to help medical students develop the knowledge, skills, and attitudes needed to practice medicine in a humanistic manner, with a biopsychosocial perspective, in a cost-effective and appropriate manner, with a commitment to life-long learning, in cooperation with other health care professionals, with an emphasis on prevention and an appreciation for the fundamentals of primary care. Women's health issues serve as a major focus of Doctoring in all three years. The objectives in women's health are wide ranging and encompass many health problems that impact greatly/directly on women and that have been historically underrepresented in medical school curricula.

Curriculum Description: Doctoring spans the first three years of medical school at UCLA and represents approximately 10% of total curricular time for all students. The course content includes many topics (such as ethics, prevention and public health, domestic violence, and substance abuse) that traditionally have received inadequate curricular attention. The majority of teaching in Doctoring is in small groups, using problem-based learning. Students participate in a series of educational modules in the first two years in which patients, usually standardized patients, present with clinical problems that then serve as the focus and stimulus for learning. A majority of the patients are women, and the range of women's health issues addressed includes teenage pregnancy, high risk sexual behavior and sexually transmitted diseases, breast cancer, cardiac risk factors and preventive medicine counseling, allocation of scarce resources, and gender issues related to smoking cessation counseling. Third-year Doctoring students follow and manage a fictional panel of patients. For each case there is an initial encounter and then a series of follow-up visits so that students have the opportunity to observe and treat health problems that evolve over the course of the year. Topics addressed include contraception, coronary artery disease in women, depression, menopause, and rape.

Problems Encountered: One problem encountered thus far, is the resistance to the course on the part of some students, who fail to recognize the importance of many of the subjects addressed in Doctoring. Male students and students interested in nonprimary care fields were most likely to rate Doctoring unfavorably.

Results: Overall, Doctoring has been favorably reviewed by most students. Students who rated the course most highly were women and those interested in primary care careers. The final year of Doctoring is currently being implemented and an extensive evaluation is underway. The impact of the course on students and faculty is being assessed using multiple measures including objective exams, OSCE's, and surveys.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W. Room 730-B
Washington, D.C. 20201

Telephone
FAX:

(202) 690-5884
(202) 690-7172

DEADLINE FOR SUBMISSION: **FRIDAY, JULY 21, 1995**

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Primary Care Women's Health Fellowship

Presenter: Kathleen M. Thomsen, M.D., M.P.H. Title: Assistant Professor of Clinical Family Medicine

Affiliation: UMDNJ-RWJMS Telephone: (908) 235-7670 FAX: (908) 246-8084
(Medical School/Residency Program)
Department of Family Medicine

Address: One Robert Wood Johnson Place New Brunswick, New Jersey 08903-0019
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

The Women's Health Fellowship at UMDNJ-Robert Wood Johnson Medical School, Department of Family Medicine is the first Women's Health Fellowship in Family Medicine in the country. Objectives. To produce academic physicians capable of providing care to women, teaching others about issues in women's health care, and investigating the appropriateness and effectiveness of health care services and procedures provided to women in New Jersey and the rest of the nation. To equip future physicians with the knowledge, skills and attitudes needed to care for, teach and study the major health and illness problems affecting women, their families and communities throughout the various stages of the human life cycle. Curriculum Description. This is a flexible two year fellowship allowing physicians to get more extensive training and expertise in primary care Women's Health. The program allows the learner to identify their needs and find appropriate resources to meet those needs. Clinical appointments are held in both the Department of Obstetrics and Gynecology and the Department of Family Medicine. Clinical sites from these and many other departments in the medical school are used. Study towards a Masters in Public Health degree through the Graduate Program in Public Health is required. Course work includes standard and elective public health courses, a unique core track of teaching, administrative and research skills and electives available through the various departments of the Graduate School of Rutgers University. Original research is also required. Community involvement in women's health support and consumers groups, networking with national leaders in women's health and medical committee work in women's health issues is encouraged. Problems Encountered. No major problems have been encountered. We continually face the challenge of "Why women's health?" and therefore need to repeatedly reinforce the relevance of gender in health care experience and provision of services. Future funding may become a problem as medical education dollars are reduced. Results. The first fellow (1992-1994) has graduated and has joined the faculty of the Department of Family Medicine at UMDNJ-Robert Wood Johnson Medical School. She continues to bring women's health issues to the attention of the medical students, residents, fellows, faculty and to the larger community. The second fellow (1994-1996) is completing his second year in a research and teaching focused fellowship. One of his areas of concentration has been the development of curriculum for teaching primary care to the OB/GYN residents at the medical school. The third fellow (1995-1997) has just begun.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

ABSTRACT SUBMISSION FORM

Abstract Title: **PAINLESS and COMPETENT PELVIC EXAMINATION**
 in Medical Education and Continuing Medical Education (CME)
 Presenter: by **Lila A. Wallis, MD, FACP** Clinical Professor of Medicine

Affiliation: CORNELL UNIVERSITY Medical College Telephone: (212) 731-4444 FAX: (212) 731-1185
 (Medical School/Residency Program/College)

Address: 445 East 68th St 5A New York, NY 10021
 City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

A painless and competent pelvic exam is every woman's right, regardless of her life-phase, disability or previous trauma. Unfortunately, many women walk away from a pelvic exam (performed by a physician of any specialty), feeling abused, bruised, in pain or discomfort, treated like a piece of flesh, embarrassed, paternalized and infantilized. Women resent it. At the same time, the woman's inability to cooperate in the exam results in an incompetent, diagnostically inadequate procedure. The Teaching Associate program is designed to address the gaps in competence, painlessness and sensitivity on the part of the student and physician.

The Curriculum: In a hands-on workshop, the trained Teaching Associates demonstrate the exam on each other and, as subjects of the exam, provide feedback to the learners. At the conclusion of the workshop,

- ◆ The learner has been helped to **identify** with the woman patient and be **sensitive** to her set of values, her fears, concepts, misconceptions and to her own sensitivities regarding the genital exam and to treat the patient as a **whole person** during the examination.
- ◆ has acquired the understanding of the principles of a painless exam, specifically, the principle of downward pressure on the perineum, avoiding rough and sudden movements, the principles of the "abdominal hand pressor, vaginal hand sensor" technique of bimanual exam, the principles of "ovary is as sensitive as testes" and "rectal exam could be but should not be uncomfortable".
- ◆ has acquired or improved his/her skills of a gentle, painless, competent, sensitive, communicative and educational five-part pelvic examination, including the exam of external genitalia, cervical speculum placing, obtaining specimens for Pap test and other indicated tests, bimanual vagino-abdominal abdominal examination, bimanual rectovagino-abdominal examination with stool testing for occult blood, while communicating with the patient at each step and attending to her comfort.
- ◆ has improved his/her skill in **detection and prevention of disease** - by collection of clinical data and interpretation of obtained facts
- ◆ has improved his/her skill in insuring the patients' **maintenance of health** through patient education about her own body and about the actual examination procedure, instruction in self-examinations (e.g. breast and external genitalia); in encouraging and facilitating **feedback and participation** from the woman during the examination by asking her questions and soliciting her response and questions; and in **sharing with the patient** information derived from the examination and collaboratively planning the future management.
- ◆ has increased his/her understanding of the special problems in the pelvic examination of an adolescent patient, elderly woman, disabled woman, a woman with a language barrier and a rape survivor.

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-B
 Washington, D.C. 20201

Telephone: (202) 690-5884
 FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Advocacy-based Medical School elective on Domestic Violence

Presenter: Carole Warshaw, MD Title: Co-Director, Hospital Crisis Intervention Project

Affiliation: Cook County Hospital Telephone: (312) 433-2390 FAX: (312) 433-2391
(Medical School/Residency Program)

Address: 1835 W. Harrison, Rm. 3427 Chicago, IL 60612
City Zip Code

Completing the Abstract Submission Form

All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.
Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description;
(3) problems encountered; and (4) results.

Advocacy-based Medical School elective on Domestic Violence: C. Warshaw, V. Coffey, B. Schultz, L. Schilling, A. Gottlieb. Hospital Crisis Intervention Project Chicago, IL. A ten week elective for first and second year medical students was piloted by the Hospital Crisis Intervention Project, a collaborative domestic violence advocacy and training program of the Chicago Abused Women Coalition and the Cook County Bureau of Health Services. The course was offered at the University of Chicago's Pritzker School of Medicine. It sought to build an understanding among students of the social context in which woman abuse occurs and which shapes the values and attitudes of both physicians and patients. The course was designed to address the difficulties that health care providers have in changing attitudes and behavior in ways that would allow them to fully integrate routine inquiry and intervention about domestic violence into clinical practice. Course instructors sought to create a safe environment for students to explore their own complex feelings about gender, abuse and power and welcomed the opportunity to create a more in depth learning experience on this important issue. Based in the expertise of both advocacy and medicine, the course conveyed the complexities of domestic violence in ways that a traditional medical school approach cannot. Advocates and former battered women emotionally engaged students in the dynamics of abuse and the issues women in abusive relationships face through film, video and personal stories. The medical implications of domestic violence and the interviewing and intervention skills necessary to assist battered women were conveyed both didactically and experientially through lecture, role plays and discussions. Several meetings of the class were devoted to site visits to a battered women's shelter, domestic violence court, and the Hospital Crisis Intervention Project. Students kept journals of their changing perceptions over the 10 week period and were encouraged to see themselves as a part of a broad community response to domestic violence. Journals and evaluations of the course both showed a significant change in attitude toward a more compassionate understanding of battered women's experiences and a confidence in interviewing skills. A significant number of students reported increased extracurricular activity around the issue of domestic violence. Additional interviews with students are planned annually throughout their medical school training.

Submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5684
FAX: (202) 690-7172

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Doctoring: An innovative curriculum teaching medical students about domestic violencePresenter: Michael Wilkes, MD, MPH Title: Assistant Professor of MedicineAffiliation: UCLA School of Medicine Telephone: (310) 206-3708 FAX: (310) 206-0719
(Medical School/Residency Program)Address: UCLA Department of Medicine Los Angeles, CA 90095-1736

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Objectives of Curriculum: Over the last decade, violence has been recognized as a major public health problem in America. As such, the medical community constitutes a front-line for identification and intervention. Unfortunately, practicing physicians, from family physicians to orthopedic surgeons, claim they rarely, if ever, encounter victims of domestic violence. Unfortunately, physicians and other health professionals are ill prepared to offer their patients help in this area, largely as a result of the absence of violence education from undergraduate, graduate, and continuing medical education curricula. Far more important than teaching statistics and facts is for physicians to acquire the skills necessary to become comfortable discussing issues that delve into the darkest of personal secrets. Victims are often willing, even eager, to talk but only if they trust that the physician is on their side. Our objectives are to assure that students are familiar with definitions of domestic violence, barriers that exist to victims seeking help, cultural differences and their impact on domestic abuse, predisposing factors for abusers and victims, "red flag" indicators of abuse, skills in communication, legal issues, and interventions and treatments. Doctoring's overall goal is for students to develop attitudes that allow them to look beyond the "presenting problem" to the person and the context of their medical concern.

Curriculum Description: To break this cycle of ignorance and insensitivity UCLA's new *Doctoring Curriculum* (a case based, problem based curriculum) has developed an approach to learning about domestic violence that is longitudinally integrated through medical school. The teaching approach used in Doctoring incorporates many of the recommendations of recent consensus conferences, i.e., teaching is interactive and experiential. We integrate problems of violence into all three years of the curriculum; topics are taught in an interdisciplinary manner that includes the perspective of victims. Concepts of adult learning theory are practical and applied rather than theoretical. In small groups, faculty and students work to first view a videotape of a couple and their doctor. Students discuss the subtle interaction and any problems. The group then "invent" an interview format that would work to elicit sensitive issues surrounding domestic violence. Then, in front of the group, one student interviews a standardized patient (SP) who presents stating she "has a headache following a motor vehicle accident," but who is actually a victim of domestic violence. Through this interaction students have an opportunity to practice their communication skills and test their new approach to eliciting a history of domestic violence. Finally, this SP interaction serves to drive the problem based learning that occurs over the next three weeks. Some students visit battered women's shelters or attend court hearings while others meet with prosecutors, emergency room social workers, police officers, legislators. Finally, the class has an informal discussion with a panel of battered women and abusers.

Problems Encountered: Strong need for faculty development

Results: Our domestic violence curriculum is currently under evaluation by the Centers for Disease Control and Prevention. Our students currently being compared to a "control" group of medical students that receive only lectures on domestic violence. In addition, we have shown that as a result of both faculty development and teaching in Doctoring our faculty have demonstrated impressive gains in their knowledge around issues of domestic violence. In addition, they report bringing back to their clinics, private practices and clinical teaching a new approach to interviewing women and screening for issues of domestic violence.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: THE HOME BIRTH CASE - HEALTH, SOCIETY AND THE PHYSICIAN

Sender: WILLIAM W. YOUNG, M.D. Title: M.D., ASSOCIATE PROFESSOR

Institution: DARTMOUTH MEDICAL SCHOOL Telephone: ⁶⁰³(603) 650-5000 FAX: ⁶⁰³(603) 650-5458
(Medical School/Residency Program)

Address: DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 03756
ONE MEDICAL CENTER DRIVE, City Zip Code
DEPT OF OB/GYN

Completing the Abstract Submission Form

Abstract should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used. Summarize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Abstract

The broad objectives of the curriculum were to help fourth year medical students identify and understand essential social and cultural issues related to medical decision making; to become effective adult learners; and to experience the benefits of active learning in a cooperative group process. The Home Birth Case challenged students to learn more about the morbidity and mortality related to childbirth, the history of maternity care, international and cultural variations in care, settings and attendants for childbirth, the cost of care, patient autonomy, legal responsibilities, and similar issues.

During a scheduled appointment, a young couple explains to their physician that they plan to have their baby at home. A midwife will attend. Will you be the back up should some problem arise? The case is presented to a small group with a facilitator. Students will identify issues, assign home work to each other, research the topic, speak with designated experts and report their findings to classmates. All small groups attend a forum with a home birth attendant, medical anthropologist, obstetrician, and Certified Nurse Midwife. A network news report on home birth triggers the forum discussion. Part Two of the Home Birth Case is presented later. This case is part of a 7 week problem based course with 11 cases. It has been taught for 10 years at Dartmouth Medical School.

Problems: 1. The development of effective problem based learning cases required significant effort. 2. Small group sessions require labor intensive facilitator time. 3. Pertinent clinical problems, cultural influences, and the role of the clinician all change over time. The course requires regular revision.

Results: Faculty and student evaluations of the course have been 80-90% favorable. The students reported that the Home Birth Case gave them a broader understanding of ethical, economic, cultural, and public health aspects of maternity care.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W. Room 732-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

ABSTRACT SUBMISSION FORM

Abstract Title: The Culture and Society Seminar for Undergraduate Medical Students

Presenter: Liza Cariaga-Lo, Ed.D. Title: Instructor in Medical Education

Bowman Gray School of Medicine of
 Affiliation: Wake Forest University Telephone: 910 716-5686 FAX: 910 716-5807
 (Medical School/Residency Program)
 Office of Educational Research, Bowman Gray School of Medicine of Wake Forest University
 Address: Medical Center Blvd., Winston-Salem, NC 27157

City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

The Culture and Society Seminar for Undergraduate Medical Students**Liza Cariaga-Lo, Ed.D.****Bowman Gray School of Medicine of Wake Forest University****Objectives of the curriculum:**

The purpose of this curriculum is to educate first and second year medical students about the cultural and environmental factors affecting the health status of diverse population groups so that:

- 1) They will learn generally about the status of different population groups in this country, particularly those who are underserved with respect to health care.
- 2) They will be informed about the health care needs of diverse population groups.
- 3) Medical students will be provided with practical, hands-on knowledge on how to help individuals from culturally diverse populations have better health care access and utilization.

Curriculum description:

The curriculum is designed as a year-long elective seminar for first and second year medical students. Through hour and a half sessions every two weeks (approximately 16 sessions), students are given a didactic lecture or presentation in the first half-hour to introduce the health care needs of a specific population group. Faculty and invited guest speakers who are knowledgeable about the health care issues related to that week's topic will provide the lectures. A problem-based learning (PBL) case correlated to the lecture is then used to facilitate discussion in small group tutorials regarding how one might approach the most culturally-sensitive and appropriate health care management of the individual in the PBL case. Each PBL case is designed to be discussed in two sessions. There are currently 8 PBL cases in development, each one addressing health care issues related to one population group. Students will also be required to meet with an individual from any of the population groups discussed in the course and write a report about a health care issue of concern to this individual. An extensive reading list which includes research articles, oral histories, literature excerpts and demographic reports of relevance is provided to students.

Problems encountered and results:

The curriculum is in development and will be implemented as a pilot project in Fall 1995 with a group of no more than 10 students.

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-6
 Washington, D.C. 20201

Telephone: (202) 690-5884
 FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

CONFLUENCE OF CULTURES IN MEDICAL EDUCATION:
LISTENING TO PATIENTS AND OURSELVES

ABSTRACT SUBMISSION FORM

Abstract Title: Confluence of Cultures in Medical Education: Listening to Patients and Ourselves

Presenter: Patricia N. Carver, Ph.D.
Robert C. Like, M.D., M.S.

Title: Clinical Associate Professor of Family Medicine
Associate Professor of Family Medicine

Affiliation: UMDNJ-Robert Wood Johnson Medical School
(Medical School/Residency Program)

Telephone: (908) 235-7662

Fax: (908) 246-8084

Address: 1 Robert Wood Johnson Place

New Brunswick, N.J.

08903

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description;
- (3) problems encountered; and (4) results.

Overview: The overall goal of this educational project, funded by the Robert Wood Johnson Foundation, is to enhance ethnosensitivity in the delivery of care through the use of videos and other didactic material.

Objectives of the Curriculum: After participation in this project, individuals will be able to: (1) discuss the myth of homogeneity within ethnic groups (2) relate concepts of culture and ethnicity to family health culture; (3) discuss ethnic variations in value orientations, world views, family systems structure and functioning; (4) describe the health and illness beliefs and practices of selected individuals/families from different ethnic backgrounds; (5) perform a socio-cultural assessment of families and elicit explanatory models of illness; and (6) describe their own personal attitudes, beliefs, values, and reactions to diversity.

Curriculum: The curriculum consists of presenting the above didactic material in lectures, seminars, and workshops. A unique and critical component of the curriculum has been the presentation of videotapes made specifically for this project. We have produced a total of 10 tapes of families: 4 families with developmentally disabled children, 1 family who lost a mother to cancer, and 5 cancer patients. Each person comes from a different ethnic background. Each discusses her/his views of health, illness, religion, death, family support, the American medical culture and experiences with the health care system. In addition, we have used exercises and simulation games to provide an experience in ethnic diversity. Participants experience difficulties and frustrations involved in adapting to different cultures.

Problems: Several challenges needed to be addressed concerning both the topic and the production process. Although recognized by many as important issues, the impact of culture on medical care and the importance of enhancing ethnosensitivity of caregivers have been met with some resistance by students and faculty. Some have suggested that the topic is self-evident, while others have questioned the relevance of what they consider "soft" material. Production problems included difficulties in scheduling interviews, technical support, and the amount of time needed for editing. Additional production challenges included language and communication problems, e.g. accents. This problem is surmounted by using slides of the video text.

Results: Our success has been measured partly by: the increasing number of invitations to present, the nature, variety and increasing size of our audiences, and the very positive responses to national and international presentations. Since this project began in 1992 we have presented to more than 250 medical and public health students and over 1500 faculty and health care providers. We have begun to formally evaluate the impact of the curriculum on awareness, knowledge, attitudes, beliefs, and the impact of the videos on the extent to which they emphasize or illustrate: concepts, diversity within ethnic groups, family health beliefs and values, explanatory models, and the impact of ethnicity on care. Preliminary results from both written and oral evaluations indicate moderate to high impact.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION; FRIDAY, JULY 21, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Cultural Competence Curriculum for Health Care Providers; Hispanic Module
 Presenter: Denice Cora-Bramble, MD,FAAP Title: Director, Division of Community Health
The George Washington University School of Medicine & Health Sciences
 Affiliation: Latin American Youth Center Telephone: (202) 917-2991 FAX: (301) 390-1032 or
(202) 994-8531
 Address: 2150 Pennsylvania Ave., N.W., Washington, D.C. 20037
 City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

OBJECTIVE: To enhance the effectiveness of health care delivery to ethnic and racial minority populations by training physicians, medical students and other health care providers to deliver culturally competent health care. Year I objective: To develop and implement the Hispanic module of the cultural competence curriculum for health care providers.

CURRICULUM DESCRIPTION: The Project "Puente de Salud/Bridging Gaps in Health Care" was developed through a grant from the Office of Minority Health to the Latin American Youth Center. The primary care departments of teaching hospitals in the District of Columbia were surveyed to assess: (1) the status and extent of cultural sensitivity training and, (2) their interest in offering Hispanic centered curricula to their medical staff and students. After an extensive review of the medical literature, a model curriculum was developed by the project director, who is a bicultural/bilingual physician. The introductory chapters addressed the definitions of cultural competence, a description of the Hispanic population, issues related to terminology and cultural heterogeneity. Subsequently, Hispanic health issues are covered in detail in relationship to mortality, morbidity and diseases that are prevalent among Hispanics. A unique feature of the curriculum includes the use of "clinical applications", or a translation of scientific data into practical tips for health care providers. The final chapters cover the critical issues of access to care and culture specific behavior.

PROBLEMS ENCOUNTERED: Initially, the response rate from the survey was less than optimal. Follow-up calls, visits, and multiple mailings were necessary to increase the number of surveys returned.

RESULTS: During the ten months of the project, the curriculum and related data has been utilized to train approximately ninety medical students, physicians, physician assistants and other providers at The George Washington University Medical Center, Howard University Hospital and at a national conference of the National Health Service Corps.

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-B
 Washington, D.C. 20201

Telephone: (202) 690-5884
 FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: INTERCULTURAL FAMILY MEDICINE CURRICULUM

Presenter: K. A. Culhane-Pera, MD, MA Title: Director of Cross-Cultural Family Medicine
St. Paul Ramsey Family Medicine

Affiliation: _____ Telephone: (612-221-3540) FAX: FAX 612-222-1816
(Medical School/Residency Program)

Address: 640 Jackson St., St. Paul, MN 55101 USA

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Objectives:

The goal of our multicultural curriculum at St. Paul Ramsey Medical Center Family and Community Medicine residency program is to assist residents in the practice of high quality, caring, respectful, and healing relationships with people of all cultural backgrounds. The learning objectives are arranged into 5 levels of cultural competence, following Bennett's Developmental Model of Intercultural Sensitivity. While our requirement is to have everyone achieve Level 3, many residents aim for Levels 4 and 5. Content is not focused solely upon ethnicity, but include many factors which influence people's cultural orientations: age, gender, socio-economic class, formal education level, biomedical training, religion, sexual orientation, etc.

Description:

We have yearly day long seminars, two of which are repeated for the incoming residents. The first workshop deals with the basics of cultural diversity in medicine; videotapes, small group discussions, and exercises are used to explore how culture influences individuals, both providers and patients. The second workshop deals with inter-cultural communication skills; drawing upon patient-centered communication philosophy and methods, the residents practice the Ask-LEARN model with three different simulated patients who represent different cultural backgrounds. The third CARE in Winter 1995-1996 will deal with institutional racism. Other methodologies occurring throughout the year include grand rounds, noon sessions, case conferences, videotaping, 1:1 precepting, and community medicine projects. The program evaluation is multifold: residents evaluate themselves on knowledge, skills, and attitudes of level 3; faculty evaluate residents' general attitudes and skills; and both faculty and residents complete an ethnosensitivity questionnaire at yearly intervals. In addition, we seek participants' feedback and evaluation of the curriculum after workshops and presentations, and in group discussions.

Problems encountered: Challenges to the curriculum have included resident and faculty hesitations to openly discuss sexism, racism, homophobia, and classism; desires for clinically applicable information which is often reductionistic while criticizing generalities as stereotypes; minimization of the importance of culture while stressing the universality of biomedicine and doctor communication; and ethnocentrist orientation that biomedicine is superior to other healing forms. In addition, some residents are threatened by faculty's attempts to teach attitudes which they feel they already have.

Results: Results of the curriculum are mixed. The residents' self-evaluations and faculty evaluations indicate improving knowledge and skills. The questionnaire has been unable to measure improved ethnorelativism. Presently we are making modifications to address the resistances described above.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASPH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-6884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Race, Culture and Ethnicity: Addressing Alcohol and Other Drug Problems

Presenter: Catherine Dube', Ed.D.

Title: Assistant Professor (research)

Affiliation: Brown University

Telephone: 401 863-2951

FAX: 401 863-3510

Co-Authors: ^(Medical School/Residency Program)
R. Goldman, A. Monrde, D. Lewis, R. Rosen

Address: Brown University, Box G-9H Alc Ctr, Providence, RI 02912

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Race, Culture and Ethnicity: Addressing Alcohol and Other Drug Problems This curriculum is designed to enhance participants' understanding of how their own ethnic background affects patient care; to broaden their perspectives on substance use in cultures different from their own; and to provide participants with tools to better assess and diagnose substance abuse among diverse patient populations.

1) Objectives: At the end of this curriculum, students will be able to: a) describe patients' various perspectives and expectations regarding health care services and how cultural perspectives affect behaviors, values and beliefs; b) describe the universality of culture while considering one's own ethnic and cultural background and how it affects one's own perspective, values and beliefs; c) describe cultural clashes which may occur in the medical setting; d) describe the meanings and acceptability of alcohol or other drug use, intoxication, and addiction or dependence in different cultures; e) describe coping strategies, risk factors and historical factors which may influence substance use behaviors within a cultural group; f) describe communication concepts important in cross-cultural patient interactions; g) describe limitations of existing diagnostic criteria and screening techniques when used in culturally diverse populations; h) given a role play patient structured to illustrate some important characteristics of culturally diverse people, demonstrate the use of appropriate communication, substance abuse screening and assessment skills.

2) Curriculum Description: The format of this curriculum differs from others in that we intentionally do not supply a list of cultural "facts" for the participants to memorize, but instead focus on concepts and issues that are broadly applicable across cultures. We have found the former approach to be unproductive because it fosters stereotyping. Our objective is to provide participants with an informed base from which to continually expand their contextual knowledge and understanding of substance use among their own patients, and while providing training in skills which are sensitive to diversity. The curriculum includes a teaching video and instructor's guide with instructional outlines, supporting visuals, handouts and instructions. Modules include: a) Introduction and Overview; b) Cultural Self-Awareness; c) Cross-Cultural View of Health Care and Alcohol and Other Drug Use; d) Cross-Cultural Simulation Exercise; e) Risk Factors, Stress and Coping; f) Skills for the Health Care Provider: Screening and Intervention; and g) Skills Practice and Application.

3) Problems Encountered: Many learners will specifically request "cultural facts" and laundry lists of cultural characteristics of different ethnic and cultural groups. We have chosen not to take this approach, and this fosters some dissatisfaction.

4) Results: This curriculum has been successfully pilot tested and implemented at Brown University for 3 years. Student ratings are among the highest for this type of seminar. 119 copies of the curriculum have been disseminated nationally.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

ABSTRACT SUBMISSION FORM

Abstract Title: Cultural Diversity Conferences for Psychiatry ResidentsPresenter: Jamal Fawaz, M.D.Title: Outpatient Chief Resident, PsychiaAffiliation: University of MarylandDepartment of Psychiatry Telephone: (410) 328-6018 FAX: (410) 328-6391
(Medical School/Residency Program)Address: 701 West Pratt Street, Second Floor, Baltimore, Maryland 21201

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered, and (4) results.

CULTURAL DIVERSITY CONFERENCES FOR
PSYCHIATRY RESIDENTSChairperson: Jamal Fawaz, M.D.Participant: Michael A. Torres, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this presentation, the participant should be able to understand recent trends in increasing cultural/ethnic diversity in residency programs; potential problems related to the increased diversity; and the benefit of cultural diversity conferences designed to address the potential problems.

SUMMARY:

The APA resident census data for the last five years indicate that the percentage of minorities and IMG's has increased while the percentage of white residents and AMG's has decreased. These changes have resulted in an increased degree of cultural/ethnic diversity in many training programs, and it is likely that these programs wrestle with the challenges that this diversity presents.

We have planned and implemented a one-day cultural diversity conference in our residency program designed to foster an appreciation among residents for various backgrounds and to dispel myths and stereotypes that hinder cohesiveness. The conference was led by five facilitators representing African-American, Jamaican-American, Brazilian, and European-American cultures. A large group forum was used to introduce concepts related to cultural sensitivity. Residents were divided into five culturally heterogeneous small groups in which they participated in exercises designed to meet the above noted objectives. The effectiveness of the program was evaluated by having residents complete a brief survey before and after the conference.

We anticipate that our conference will serve as a useful model and that discussions of our design will help improve it and help representatives of other programs design their own.

REFERENCES:

1. The 1993-94 APA Census of Residents.
2. Lun CK, Korenman SG: Cultural sensitivity training in US medical schools. *Academic Medicine* 69:239-241, 1994.

Address submissions to: Clara Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-6664
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: PHYSICIAN TRAINING PROGRAM TO ENHANCE ADHERENCE AMONG UNDERSERVED MINORITY WOMEN

Presenter: MONA FOUAD, M.D., M.P.H. Title: ASSISTANT PROFESSOR

Affiliation: UNIVERSITY OF ALABAMA AT BIRMINGHAM Telephone: 205 934-2125 FAX: 205 934-7959
(Medical School/Residency Program)

Address: 1717 11th Avenue South MT 729 Birmingham, AL 35205-4785
Preventive Medicine University of Alabama at Birmingham City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

ABSTRACT:

Background: Many efforts have been made during the last decade to improve public knowledge about hypertension and to improve hypertension control. Despite these efforts the rates of uncontrolled hypertension remain high for older individuals and are higher for black women and lower socioeconomic groups. Among the factors which may affect hypertension control in these population groups are cultural, gender and age-related considerations which in some clinic settings may vary between young health-care providers and their minority women patients.

(1) Objective: The main objective of this proposed study is to evaluate the efficacy of a physician training program designed to enhance adherence with antihypertensive pharmacological measures in a low-income minority women by devoting attention to methods to improve physicians' skills in gaining patients adherence in settings that provide services to predominantly minority and low-income populations.

(2) Curriculum Description: The program to be evaluated in the proposed study is a strategy to both educate and enhance resident physicians' behavior skills to improve patients adherence with antihypertensive medication among older African American women and includes:

- 1) a culturally age-sensitive educational component designed specifically to assist physicians to address the physical and educational needs among underserved minority and low-income women who may be at high risk due to uncontrolled hypertension and
- 2) a behavioral component designed to assist physicians in promoting health adherence behavior and develop behavior skills using physician-patient interaction techniques.

(3) Results: The present program will demonstrate that culturally-sensitive educational and behavioral training directed at health professionals can improve medication adherence among medically disadvantaged hypertensive women. This program, if proven efficacious, is capable of being implemented for other health conditions. This may subsequently result in the improvement of the effectiveness of primary care services especially to minority women.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

ABSTRACT SUBMISSION FORM

Abstract Title: Ethnicity and Medicine: Teaching Cultural CompetencyPresenter: Ronald D. Garcia, Ph.D.Title: Program Director, Center of ExcellenceAffiliation: Stanford School of MedicineTelephone: (415) 725-0403FAX: (415) 725-5538

(Medical School/Residency Program)

Address: 851 Welch Road, Room 115Palo Alto, CA94305-5537

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Ethnicity and Medicine: Teaching Cultural Competency: Ronald D. Garcia, Monica Carrillo, Fernando S. Mendoza; Center of Excellence, School of Medicine, Stanford University, Palo Alto, California

Objective of Curriculum

1. To increase awareness of the role of culture in patient-clinician encounters.
2. To improve the clinician's ability to access information on their patients' cultural traditions, beliefs, language, and expectations, especially in regards to the appropriateness of clinical interventions.
3. To teach how to integrate cultural information in patient-clinician interactions.

This one-quarter didactic course was offered as a lecture only, or lecture and small group discussion course. It was designed to examine the roles of ethnicity and culture in caring for patients. In addition, students were encouraged to examine their own cultural background and its contribution to the clinical encounter. The primary teaching modalities included lectures, readings, and small group discussions. The conceptual framework for the course involved five major dimensions: (1) socioeconomic class; (2) ethnicity and race as social factors; (3) ethnicity and race as biologic factors; (4) immigration and acculturation; and (5) health prevention and perception. These major dimensions were presented through a series of eight lectures: The Impact of Ethnicity and Socioeconomic Status on Cardiovascular Health; Bridging the Language Gaps: Interpreters and Other Tools; Childbirth in the Eyes of Indigenous Americans: A Historical Perspective; Seven Directions Toward Healing: Spirituality as the Foundation for Addiction Recovery; Alcohol Abuse/Alcoholism: Culturally Competent Care for African Americans; Ethnic Considerations in Transplant Medicine; Caring for Migrant Farm Workers; and The Cross-Cultural Dimensions of Clinical Competence.

The curricular problems encountered were that the breadth of each dimension was difficult to cover in the allotted time. The lecture format was good for providing information, but did not allow for students to personally experience these issues which we believe would best reinforce these concepts. Since most of the students were in their preclinical years, we emphasized factors that relate to physician-patient interactions rather than biomedical issues. More specific clinical examples would probably be better for clinical medical students.

Assessing the success of this course was accomplished by comparing the number of participating students and their course evaluations of this course to other medical school elective courses. A total of 57 medical and undergraduate students completed the course. This compares with an average of 25 for most elective medical school courses. On a scale of 1 to 5, the course received a 4.5. The school administration believes that this course has been successful and has made it part of the official curriculum.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

ABSTRACT SUBMISSION FORM

Abstract Title: Cultural Competence in a Pediatric Clinic in a Managed Care Environment

Presenter: Deborah Gould, MD Title: Pediatrician

Affiliation: Kaiser Permanente Telephone: 510 987-3016 FAX: 510 873-5142
(Medical School/Residency Program)

Address: Physician Ed. & Dev., 1800 Harrison, 21st Fl., Oakland, CA 94612
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

1. Objectives of the curriculum

- Identification of problem associated with large proportion of physicians practicing with an education not geared toward understanding diversity or practicing in a managed care environment
- Outlining goal for intervention

2. Curriculum description

- Referencing #1 above, decide how to re-educate practicing staff in a managed care environment and incorporate learnings into new practice models

3. Problems encountered

- Difficulties in providing education
 - Cost
 - Not understanding
 - Resistance

4. Results

- Measurable results that can serve as means to demonstrate change:
 - Physician satisfaction
 - Product development
 - Market analysis (increase share, patient satisfaction, community interface)

Address submissions to: Elena Fios, M.D., M.S.F.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 720-B
Washington, D.C. 20201

Telephone: (202) 690-5854
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: TEACHING CROSS-CULTURAL MEDICINE

Presenter: Marvin L. Hage, MD Title: Clinical Associate Professor, Dept. OB/GYN

Affiliation: Duke University Med. School Telephone: (919) 681-5220 FAX: (919) 681-7861
(Medical School/Residency Program)

Address: DUMC 3130 Durham, NC 27710
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Objective:

"Exploring Medicine": Cross-cultural Challenges to Medicine in the 21st Century is a seminar designed to explore two dimensions of medicine. The first will be that of self-identification of the meaning of medicine for the medical student and the second will be the meaning of medicine in different cultures. A conceptual framework and process to facilitate the search for meaning in the student's individual and professional lives which draws on art, history, literature, music, philosophy and religion will be explored in theory and experience.

Description:

A multidisciplinary view of the medicine and medical care in another culture will be investigated in the seminar. The seminar will consist of a series of presentations by the faculty with interactions of the seminar participants. The first four weeks are focused on answering the question of what it means to be a physician in the United States in the 21st century. The last four weeks will address the question of what it means to be a physician in another culture in the 21st century. Four papers will be required of each student during the course: (1) A personal history paper, (2) A medical biography, (3) A personal philosophy paper, and (4) A personal goals and strategy paper. At the end of the seminar a "Spring break" trip to Honduras will allow students to interface with medical students and Honduran medical school faculty. The time in Honduras will be approximately one week with time spent at the Medical School and providing primary care in rural Honduras.

Problems and Results:

This course has been very popular with students. It has been provided as an interdisciplinary elective. Logistics and funding are significant barriers as well as acceptance into an already packed undergraduate curriculum. Two video tapes ("Intercambio" and "Viva los Gringos") have been produced that describe the student's experience. Broader support with more sites for this cross-cultural experience is anticipated.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W. Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Interactive Health Fair

Presenter: Joseph Han Title: Physician in training, 3rd year

Affiliation: Medical College of PA Telephone: (215) 576-6221 FAX: (215) 843-6794
 (Medical School/Residency Program)
825 Greenwood Ave Jenkintown, PA 19046

Address: _____ City _____ Zip Code _____

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Targeting the Asian American health care we were able to gather medical schools and their students to develop an interactive health fair. This replicable model can provide services to the public while incorporating cultural competence in medical training. Due to cultural and language barriers, Asian/Pacific Americans (APAs) present with unique health issues and under utilization of health care. Therefore we established the Asian American Health Care Network, an alliance of local health care providers and medical students partnered with a community service organization, to organize a health fair in South Philadelphia with the goal of improving the health access of the Asian American community. The target audience of Cambodian, Laotian, and Vietnamese immigrants and refugees consist of over 8,000 Asian Americans in South Philadelphia. The goals of the health fair were to: educate the Asian American community about health issues, increase community awareness and individual access to health care services (from prevention and screening to treatment), serve as a catalyst in drawing attention to the health care concerns of Asian Americans, and improve the cultural sensitivity and understanding of health care providers with respect to APA health care needs.

The health fair contained nine booths which addressed various health issues, such as access to health care, women's health, and Hepatitis B immunizations. Participants entered via an intake station, where translators and medical students helped orient them to the health fair program. At each station, participants were screened and provided health education by medical students, physicians, other health care providers, representatives from health service organizations, and translators. To provide a common thread for the educational and prevention activities, a health questionnaire was used as a tool to flag specific problems and initiate discussions about common health issues.

Certain booths attracted more participants than other booths, therefore we had to adjust the traffic flow despite precautions. This could be due to the fact that many participants came solely for the services such as immunization. Another possible explanation could be that some of the booths featured health concerns which participants were reluctant to address. Despite the bank of recruited translators, the excellent turnout of community resulted in temporary bottleneck during the fair. One other challenge was completing the intake forms which took a back seat in taking time to provide health education and screening services.

Over 500 people from the community participated in the health fair. Medicaid coverage of the participants were eighty percent and about 20% of these belonged to a Medicaid HMO. Many of the participants immigrated within the past sixteen years and required translating services. The number of children under thirteen years of age that were immunized for Hepatitis B were 297 and individuals over thirteen years of age that were screened for Hepatitis B were 114. Follow-up showed that 10% of those screened were positive for Hepatitis B. Community organizations felt that the APA's community learned more about their health and stated the APA's desire for the health fair to be continued in the future.

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-B
 Washington, D.C. 20201

Telephone: (202) 690-5884
 FAX: (202) 690-7172

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Undergraduate Multicultural Health Care Curriculum at the
University of Wisconsin
Presenter: Gynthia Hag, M.D. Title: Associate Professor
Affiliation: Univ. of Wisconsin Telephone: 608-263-6549 FAX: 608-263-5813
(Medical School/Residency Program)
Address: Dept. Family Medicine, 777 South Mills Street, Madison, WI 53715
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Title: Undergraduate Multicultural Health Care Curriculum at the University of Wisconsin

Abstract:

At the University of Wisconsin (UW), we have developed a four year integrated, longitudinal, curriculum for medical students, designed to introduce concepts of health care appropriate for a multicultural society. Participants will learn the rationale for developing a multicultural health care curriculum, and a model of curriculum development. We will review key elements of the UW curriculum in which students explore their culture of origin, become familiar with interview techniques that elicit culturally relevant information, work with a wide variety of patients, and have the opportunity to participate in a variety of multicultural electives. From this process we hope to provide medical students with opportunities to develop knowledge, attitudes and skills that allow them to demonstrate respect and to become responsive to the cultural uniqueness of each patient.

Objectives:

Participants will be introduced to:

1. Our methods of developing this curriculum, integrating it into existing medical school courses, building institutional support, and engaging and updating medical school faculty;
2. Key concepts of the UW multicultural health care curriculum.

Content:

1. Review rationale for multicultural health care curriculum at UW Medical School.
2. Describe the constitution of the curriculum committee.
3. Describe the needs assessment (medical student questionnaire), and its outcomes.
4. Outline key steps in developing the UW multicultural health care curriculum
5. Identify methods of integrating curriculum concepts into medical school courses.
6. Describe methods for building institutional support and plans for faculty development.
7. Present the multicultural health care curriculum, including selected teaching materials.
8. Discuss strategies for evaluating students and monitoring curriculum implementation.
9. Discuss problems encountered and strategies for dealing with these

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-8
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Cultural Competency in Public Health Practice
 Presenter: Christina Harlan Title: Research Instructor
 Affiliation: UNC School of Pub Hlth Telephone: 919 966 9877 FAX: 919 966 2921
 (Medical School/Residency Program)
 Address: PHHU, CB # 7400 Resnan Hall, UNC Chapel Hill, NC 27599
 City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Cultural Competency in Public Health Practice.

Christina Harlan, BSN, MA; University of North Carolina, Chapel Hill, NC.

This course is designed to increase cultural competency of public health practitioners working in diverse settings. Students are challenged to examine their own cultural backgrounds and beliefs and to consider the impact of those experiences on their public health practice. Guest lecturers include: public health practitioners who have worked successfully in culturally diverse settings, representatives of governmental agencies, faculty in the School of Public Health, and community members.

Course readings are informed by the Humanities, Social Sciences as well as Public Health theory. Students and guest lecturers are asked to share both personal and professional experiences in ways that will challenge and help to reinterpret previously held assumptions. This participatory/experiential learning process contributes to improving culturally competent practice of all the participants...students, faculty and guest lecturers.

This three-hour graduate level course was first offered Fall 1994. Problems encountered appeared related to the process described above. Traditionally, education has been more didactic and some students seemed to expect more structure and clear cut guidelines than this type of approach provides. However, course evaluations were positive and students and other faculty are looking forward to the course being offered again next Fall.

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-8
 Washington, D.C. 20201

Telephone: (202) 690-5884
 FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Teaching Cultural Competence-- The Painless Way

Presenter: Janice Herbert-Carter, MD, MCA Title: Assistant Professor of Medical Education

Affiliation Morehouse School of Medicine Telephone: (404) 752-1897/1856 FAX: (404) 752-1064
(Medical School/Residency Program)

Address: 720 Westview Dr. SW Atlanta GA 30310
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results

Objectives of the curriculum

1. Increase awareness of/appreciation for cultural differences and their significance in communication with patients.
2. Overcome sociocultural prejudices which may impede optimal functioning as a health care provider.
3. Introduce cultural competence issues "painlessly" by incorporating them into a pre-existing required course.

Description

This method of teaching cultural competence is called "painless" because the objectives for increasing cultural awareness and sensitivity are totally incorporated into the everyday teaching of the problem-based Ambulatory Medicine course. Each day, a patient case is discussed, written by the course director with particular points of emphasis. The ability to do a culturally sensitive history and physical is always stressed. The course director role plays the patient and students obtain a history. Thus, it important to ask the right questions, but to also to ask them in a manner which will elicit useful responses. Not only are medical aspects of the case discussed, but also the psychosocial aspects including cultural diversity issues. For example, a Hispanic woman complains of fatigue and amenorrhea which turns out to be diabetes mellitus and menopause. Cross cultural issues associated with that case include what is meant by the term "Hispanic" (Caribbean vs. Mexican vs. South American etc.); cultural norms of beauty (body weight, hairiness, body habitus); and religious beliefs and their impact on health behavior. During the course of each case, students form a problem list, order labs and get results, and list differential diagnoses. They may order additional procedures or consultations and throughout the case are always required to explain to the patient/family what is going on and what is planned next. Some other cultural competence issues addressed in the course include homophobia, ageism, dietary habits among various ethnic groups, and healthcare-seeking/compliance behaviors among various groups. Cultural competence for effective communication is always stressed.

Problems

Few problems have been encountered because this is done "painlessly". Ambulatory Medicine is a required course whose focus is "real-world" primary care general internal medicine. The main "problem" is that, taught in problem-based style, 4-6 students is optimal. With significantly more or less, discussions either tend to bog down or to become unwieldy.

Results

Results have been excellent. Students consistently give the course high ratings both for the hard-core academic content as well as the "extra" content. The course director has "planned" digressions in which students are allowed to go off on what they perceive as tangents. However, the course director knows that discussions of particular cultural issues always come up during certain cases. Students appreciate being able to explore these issues with a non-judgemental course director who clearly values cultural diversity. Students have made suggestions for incorporating even more cultural issues into some of the cases, or have offered scenarios for additional cases. Clearly, their interest has been stimulated. "Sneaking" cultural competence into the curriculum has been effective because students do not have the chance or desire to tune the messages out.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: The Indian Health Pathway and Native American Center of Excellence

Presenter: Dr. Gerald Hill Title: Director, Center for American Indian & Minority Health

Affiliation: University of MN Telephone: 612 626-2075 FAX: 612 824-0820
(Medical School/Residency Program)

Address: 2221 University Ave. SE Suite 100 Minneapolis, MN 55414
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeter of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Objectives: The overall goal of Indian Health Pathway at the U of MN Medical Schools is to provide medical education and curriculum to appropriately train American Indian students to practice western medicine in the Indian communities. Objectives include:

- 1) Provide education to American Indian medical students and others on the health needs of American Indian and Alaska Native people.
- 2) Provide education within a social and cultural context of care for AI/AN people.
- 3) Provide training on interaction between Western and traditional medicine of AI/AN communities.
- 4) Provide appropriate and culturally aware role models for AI/AN medical students.
- 5) Maintain or increase the interest in careers of AI/AN health for AI/AN medical students.

Curriculum:

Didactic courses in the American Indian and Alaska Native health care system utilizing the community or oriented primary care model. Seminars in Indian Health are offered throughout the first two years of medical education. First year students perform their Family Medicine clinical rotations at the Fond du Lac reservation. Second year students serve on rural reservations in MN, WI, and the Dakotas. Third and fourth year students participate in Indian Health Service clerkships as well as a Traditional Indian Medicine Clinical Clerkship. Students participate each year in the Association of American Indian Physician's annual meeting and Health Conference to meet role models from various specialties, learn more about current issues in Indian Health, and innovative strategies for caring for Indian people. The Traditional Medicine component is also a part of this annual meeting. This is held in conjunction with the annual meeting of the Association of American Indian Medical Students, allowing the students to interact with other AI/AN medical students from around the country. Students also participate at least once during their four years in the Cross Cultural Medicine Workshop offered by the A.A.I.P. for American Indian medical students. This workshop focuses on the interaction between traditional Western medicine in the reservation setting.

Results:

Since 1991, the U of MN has increased the number of American Indian and Alaska Native medical students from less than two per year to an average of over ten per year. There are now a total of 44 AI/AN students at the U of MN which is approximately 10% of the nation's total of AI/AN medical students. The most valuable components for increasing student interest in practicing in Native American communities are the A.A.I.P. annual meeting, the Traditional Medicine component, and interacting with other American Indian and Alaska Native physicians and medical students. Overall there has been an increase in student interest in working within American Indian and Alaska Native communities at the conclusion of their training.

CULTURAL COMPETENCE .

CURRICULA IN MEDICAL EDUCATION

SUBMISSION FORM

Abstract Title: A Medical School Curriculum in American Indian Health;
The Indian Health Pathway Track
Presenter: Walt Hollow, M.D., M.S. Title: Director, Native American Center of Excellence
Affiliation: University of Washington Telephone: 206) 685-2489 FAX: (206 543-9063
School of Medicine
(Medical School/Residency Program)
Address: UWSOM Native American COE, Box 357430 Seattle, WA 98195
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the penimeters of the box shown. Fonts no smaller than 10 points should be used.
Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description;
(3) problems encountered; and (4) results.

Current medical school education is very complex and comprehensive in the 1990's. The average American medical school, on the other hand, teaches little, if any, information about American Indian health issues. The University of Washington School of Medicine (UWSOM) has developed an American Indian Curriculum. The goals of this program are several fold:

- a. Ensure that all UWSOM students learn about American Indian health issues.
- b. Introduce an Indian Health Pathway Track that lead to graduation certification documenting special expertise in Native American health issues.
- c. Incorporate Traditional Indian Medicine (TIM) into the curriculum and allow students to learn from and work with traditional Indian healers.
- d. Offer required clerkships in tribal clinics, Indian Health Service (IHS) hospitals and other Indian health programs that will broaden the student's experience in Indian health.
- e. Coordinate teaching activities with the Association of American Indian Physicians to provide training opportunities to American Indians from other medical schools.

The Indian Health Pathway Track will be described and experiences encountered to date will be shared. Results of this unique curriculum program will be demonstrated along with future positive impacts on Indian health status.

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Traditional Indian Medicine - How Does It Interrelate to Modern Western Medicine

Presenter: Walt Hollow, M.D., M.S. Title: Director, Native American Center of Excellence

Affiliation: University of Washington School of Medicine Telephone: 206 685-2489 FAX: 206 543-9063
(Medical School/Residency Program)

Address: UWSOM Native American COE Box 357430 Seattle, WA 98195
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Traditional Indian Medicine was the health care system utilized by American Indians prior to the discovery of the American continent by Columbus over 500 years ago for ALL of their health problems. Dramatic cultural changes occurred among Indian tribes as a result of the establishment of the United States and the colonization of the new world. What is Traditional Indian Medicine? How prevalent is it in the 1990's? How does it conflict with current modern western medical therapies? Is there room for collaboration among these seemingly diametrically opposed approaches to current American Indian health problems? How can a modern western practitioner collaborate with current traditional Indian healers? Is there any data for the usefulness of Traditional Indian Medicine in treating current Indian health problems?

Dr. Hollow will discuss the above issues and allow for audience participation in the exploration of these topics. This will be done in the context of describing the Traditional Indian Medicine clerkship offered at the University of Washington School of Medicine.

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

Teaching Pediatric Residents the Impact of Cultural Diversity on the Medical Encounter Robert K. Kamei, MD, Helen Loeser, MD, Jane A. Bernzweig, PhD, Elena Fuentes-Afflick, MD, MPH, Carol A. Miller, MD.

Abstract Title:

Presenter: Robert K. Kamei, MD Title: Director, Pediatric Residency Training Program

Affiliation: UC San Francisco Telephone: (415) 476-0987 FAX: (415) 476-4009
(Medical School/Residency Program)

Address: Box 0110, Department of Pediatrics, UCSF, San Francisco, CA 94143
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results

Teaching Pediatric Residents the Impact of Cultural Diversity on the Medical Encounter

Goals and Objectives: In appreciation of the tremendous diversity in the patients we serve, we developed a workshop to educate our pediatric residents to the impact of patient diversity on the medical encounter. We presented a training session to 20 pediatric residents. Our goal was to increase their awareness of the role that culture, their own and that of their patients and colleagues, has on the clinical care they provide. We planned to achieve this goal with our residents by: a) reflecting on their culture, and perceived differences and commonalities with others; b) understanding and acknowledging some of our stereotypes used to view the world around us; and c) discussing culturally sensitive ways of caring for patients in difficult clinical situations.

Curricular Design: The workshop consisted of 3 sections. Participants started in small groups working on questions designed to elicit self descriptions and personal experiences. Common themes were then explored in one larger group. In the second section, slides depicting a wide range of diversity of patients and family structures were shown. Each slide was introduced in the context of common primary care encounters. Examples of scenes were: a lesbian couple with a baby, a racially mixed family, teenagers dressed in "grunge" wear, African-American grandparents with small children, and an extended Asian family. Participants were asked to react to the stereotypes they portrayed, with permission given to contribute what "others" might say. In the final section, 2 patient cases were presented: the first dealt with socioeconomic class and family values; the second considered provision of primary care to a family with a challenging and unexpected maternal history.

Strengths and Problems Encountered: Perhaps the greatest strength of the session was derived from the participants and the facilitators who represented a diverse mix of individuals of differing gender, ethnic and cultural backgrounds, and sexual orientation. Furthermore, all had spent a year working together in the medical setting. We held the training session at a time when all residents were together on the last day of the year, so distraction may have been a problem. In addition, when viewing the primary care encounters, it may have been difficult for residents to disregard their medical training and focus on their personal biases.

Results: We surveyed our 20 residents and found that the topic of cultural diversity was important to 19, somewhat important to one; no resident thought it was unimportant. When asked about the role culture plays in patient care, 16 of the 20 residents found it to have a critical or important role, 4 thought it had a less important role; no resident thought it had no role. Although many residents felt it is an important topic to be included in medical education, the majority of residents (12) thought it was infrequently or never raised in teaching. Only 8 acknowledged any previous formal training or background in developing cultural competency.

Conclusions: Our pediatric residents were active participants in the workshop on diversity, and most understood the importance of the issue on patient care. Despite its importance, it is not often formally discussed. A number of residents asked for other ways to incorporate this teaching further into our curriculum.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: A MODEL FOR TEACHING BIAS-FREE COMMUNICATION SKILLS

SOPHIA LEE

ACADEMIC ASST., WOMEN'S HEALTH EDUCATION PROGRAM

Presenter: SANDRA P. LEVISON, MD

Title: DIRECTOR, WOMEN'S HEALTH EDUCATION PROGRAM

LUCIA BECK WEISS

PROGRAM MANAGER, WOMEN'S HEALTH EDUCATION PROGRAM

Affiliation: MEDICAL COLL OF PENN &

Telephone: (215) 842-6426

FAX: (215) 843-0253

(Medical School/Residency Program)

HAHNEMANN UNIVERSITY

Address: 3300 HENRY AVENUE

PHILADELPHIA PA
City

19129
Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Objective: To teach students, educators and healthcare providers bias-free communication skills necessary for improved health care delivery to all patients.

Curriculum Description: Because medical education and health care delivery rely heavily on open communication channels between educator and student as well as between physician and patient, the use of inclusive language improves the quality of healthcare by granting equal respect for all parties involved, regardless of gender, race or class. Language has the power to create perceptions, to secure ideas and to mediate change. With this in mind, we wrote the *Medical College of Pennsylvania and Hahnemann University Guide to Bias-Free Communication for Students, Educators and Healthcare Providers*. This guide is used in conjunction with role play vignettes, interactive theater presentations, videos and other developed educational materials. This program is a multidisciplinary effort, thereby insuring the reinforcement of bias-free communication throughout the medical school curriculum.

Problems: The obstacles that may be anticipated in the implementation of this program include: 1) resistance to curricular change, 2) accusations of thought policing and institutionalized political correctness, 3) fear of punitive action when speaking freely and 4) feelings of being deprived of academic freedom.

Goals: The diversity of our medical community warrants the use of inclusive and appropriate language in order to validate and afford equal respect for the differences in backgrounds and experiences of health care providers, staff, patients and students. Because attitudes learned previous to and during medical school are often carried into health care delivery, recognition of our blind spots and the accurate depiction of people are necessary steps to effective health care delivery to all patients.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

experiential rather than didactic approach

Abstract Title: Teaching cultural competency to first year medical students by an

Presenter: B U.K. Li MD Title: Associate Professor of Pediatrics

Affiliation: Ohio State Univ. Telephone: 614 722 3450 FAX: 614 722 3454
(Medical School/Residency Program)

Address: Division of Gastrcenterology 700 Children's Dr
Children's Hospital Columbus, OH 43205
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

The development of an effective curriculum design to teach cultural competency to first year medical students is a current challenge in undergraduate medical education.

Objectives: 1) To contrast standard American with other ethnic world views and demonstrate their impact on health care delivery. 2) To sensitize the medical students to the effects of bias and racism towards patients and health professionals of differing racial and ethnic backgrounds. 3) To develop basic strategies to deal with patients of differing racial, ethnic and linguistic backgrounds.

Curriculum design: Three hours of plenary session and 2½ hours of small group discussion are dedicated to the 'Cultural diversity in medicine' portion of the Medical Humanities and Behavioral Science Course for first year medical students. An evolving curriculum has included the following plenary components: 1) tabulation and presentation of medical student cultural attitudes towards racial and ethnic minorities, 2) an overview on the changing demographics of American society, 3) presentation on contrasting cultural values and how they affect clinical practice, 4) viewing the 'Two Colors' NBC documentary on racism, 3) panel discussion of personal experiences by physicians of both racial and ethnic minorities (including immigrants). Small groups (20 students) discussed personal experiences with bias and racism and videotape vignettes from 'Racial and cultural bias in medicine' (American Academy of Family Physicians). Training sessions for physician and behavioral scientist facilitators were held prior to the small group sessions. Future plans include the development of a videotape depicting misunderstanding and bias in a clinical encounter with a SE Asian patients and showing strategies to address these problems from both patient and professional perspective.

Results/Problems: Feedback from students indicate that the 'cultural diversity' module is more effectively taught as a 'sensitizing' session than in a standard didactic format. The professional panel discussion, the documentary and the small group discussions were the most received components - presumably because are the most experiential and engaging exercises for the students. Students are very sensitive to having diverse ethnic and gender representation on the panel. Future plans include assessing student cultural attitudes both before and after the 'cultural diversity' module to see if an effect can be measured.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, GASH
20C Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: ~~FRIDAY, JULY 21, 1995~~

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: A Multicultural Community-Oriented Primary Care Fellowship Program for Family Physicians

Presenter: Robert C. Like, M.D., M.S.
Laura A. Williams, M.D.

Title: Associate Professor of Family Medicine
Multicultural Community-Oriented Primary Care Fellowship

Affiliation: UMDNJ-Robert Wood Johnson Medical School
(Medical School/Residency Program)

Telephone: (908) 235-7662 Fax: (908) 246-8084

Address: 1 Robert Wood Johnson Place New Brunswick, N.J. 08903
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Overview: The UMDNJ-Robert Wood Johnson Medical School Department of Family Medicine's innovative Multicultural Community-Oriented Primary Care (COPC) Fellowship is designed to equip family physicians with the knowledge, skills, and attitudes needed to provide culturally sensitive and competent health care to diverse population groups.

Objectives of the Curriculum: By the end of their training, Fellows are able to: (1) describe the changing demographics and epidemiology of health and illness problems affecting various population groups in the United States; (2) identify important national, state, and local health promotion and disease prevention objectives for different minority, ethnic, and disadvantaged populations; (3) provide more culturally sensitive and competent clinical care and preventive health services to individuals in the context of their families and communities; (4) appreciate the heterogeneity that exists within and across ethnic/cultural groups and the need to avoid generalizing and stereotyping; and (5) express respect and tolerance for sociocultural differences, and their value in a pluralistic society.

Curriculum Description: The Multicultural COPC Fellowship is based on a two-year longitudinal core curriculum, consisting of integrated didactic, clinical, and community-based learning experiences. Fellows pursue a 45-credit M.P.H. degree with a concentration in Family Health from the New Jersey Graduate Program in Public Health. Fellows are placed at clinical sites that provide care to multicultural populations, and have an opportunity to participate in a wide variety of community outreach activities. Fellows also receive focused multicultural training including a series of workshops/seminars on "Cross-Cultural and Minority Health," ethnosensitivity and cross-cultural communication skills training, precepting of clinical encounters for cultural competence, and participation in other multicultural educational activities.

Problems Encountered: Challenges that we have faced and successfully dealt with have included recruiting a Fellow, developing a Multicultural Educational Resource Center, integrating multicultural perspectives into the existing medical education curriculum, and training faculty and staff about culturally competent health care. Challenges that remain include developing a "portfolio" for documenting multicultural clinical experiences, further developing academic-community partnerships, and identifying continued long-term funding for the Fellowship.

Results: Our first Multicultural COPC Fellow, a Native American female family physician, will share her personal learning experiences in this Fellowship. She has given workshops and lectures on American Indian Health Care and Women's Health issues to a variety of national, state, and local audiences, helped to develop multicultural curricula for residents and medical students, and participated in a "mock legal trial" relating to cross-cultural healing. A formative evaluation of the Fellowship program will also be presented, including a discussion of its impact on multicultural education and residency training at our medical school.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Native Hawaiian Culture across the Curriculum
 Presenter: Doric Little, Ed.D. Iwalani Else Title: Coordinator of Student Development
Recruitment Coordinator
 Affiliation: John A. Burns School of Medicine
University of Hawaii at Manoa Telephone: (808) 956-6586 FAX: (808) 956-4461
(Medical School/Residency Program)
 Address: 1900 East-West Road, Bldg B-207 Honolulu 96822
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the penimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

1. Objectives of the Curriculum

Hawaiian culture is integrated across the curriculum at the John A. Burns School of Medicine (JABSOM). The basic values of the native Hawaiian culture are integral to the study of medicine in the JABSOM Problem Based Learning (PBL) format. PBL stresses group learning, sharing, problem solving and consensus development. Pertinent concepts include:

- Aloha* - Good feelings (love) toward one another
- 'Ohana* - The importance of the family
- Lokahi* - Harmony; working together to solve problems
- Kokua* - Helping one another

2. Curriculum Description

- Through the Native Hawaiian Center of Excellence, Hawaiian Health problems have been introduced in to the first year curriculum.
- Dr. Kekuni Blaisdell offers an elective to fourth year students in native Hawaiian healing
- Native Hawaiian traditions are important components of the JABSOM Program.
 - The academic year begins with an Open House for families
 - The year ends with a luau (traditional native Hawaiian feast) that the first year class presents to the graduating fourth year class.
 - The convocation in May is in addition to traditional commencement. Students thank the person(s) who have helped and supported them most with a maile lei. This is a touching native Hawaiian ceremony.

3. Problems

We are continuing to introduce and refine native Hawaiian health problems into the PBL format. The Center of Excellence is promoting this endeavor.

4. Results

'Iwalani Else and I are eager to share our unique, diverse medical community with you (ethnic makeup form attached). Our Center of Excellence is proud to promote the native Hawaiian tradition within the John A. Burns School of Medicine.

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-B
 Washington, D.C. 20201

Telephone: (202) 690-5884
 FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: ~~FRIDAY, JUNE 30, 1995~~ FRIDAY, JUNE 28, 1995 ASAP

UNIVERSITY OF HAWAII SCHOOL OF MEDICINE
1995-1996 Enrollment-Ethnicity Breakdown

ETHNICITY	1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR	TOTAL
American Indian	0	0	1	0	1
Armenian	1	0	0	0	1
Cambodian	0	0	0	1	1
Caucasian	6	10	11	8	35
Chamorro	0	1	1	1	3
Chinese	12 (R=1)	4	9	5	30
East Indian	1	0	0	0	1
Filipino	9	5	3	1	18
Hawaiian	5	9	6	8	28
Hawaiian/ African-American	0	0	1	0	1
Hawaiian/ American Indian	0	0	1	0	1
Hawaiian/ Filipino	0	0	1	0	1
Hispanic	0	0	0	0	0
Japanese	12	14	18	23	67
Japanese/ Okinawan	0	5	0	0	5
Korean	1	3	2	0	6
Malaysian	0	0	1	0	1
Malaysian Indian	0	1	0	0	1
Maori	0	1	0	0	1
Mexican American	1	1	0	0	2
Micronesian	1	1	1	1	4
Mixed/Other Asian	6	5	0	1	12
Mongolian/ Russian	0	0	1	0	1
Okinawan	0	2	0	0	2
Samoan	0	0	0	2	2
Taiwanese	1	0	0	0	1
Thai	0	0	0	1	1
Vietnamese	1	1	0	0	2
TOTAL	57	63	57	52	229

Micronesian:
R=Returning

▣Palauan

*Marshallese

•Yapese

ABSTRACT SUBMISSION FORM

Abstract Title: Beyond the Rhetoric: Cultural competency into practice

Author: Barbara Marquez, MPH Title: Assistant Chief, Office of Multicultural Health
California Department of
 Institution: Health Services Telephone: (916) 322-6868 FAX: (916) 324-7763
(Medical School/Residency Program)

Address: PO Box 942732, MS 675 Sacramento, CA 94234-7320
 City Zip Code

Completing the Abstract Submission Form

Text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
 Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description;
 problems encountered; and (4) results.

OBJECTIVES: California's population is becoming increasingly culturally and linguistically diverse. Indeed, the diversity of the population served by the Department of Health Services (DHS) and its local partners is growing much more rapidly than the diversity of the pool of health care providers. As a result, provider/consumer interactions in health care settings are more and more likely to occur across cultural lines. These cross-cultural interactions require the application of new information and skills in order to achieve the desired outcomes. In 1994, the state health department embarked upon a systematic and organizational-wide effort to define and operationalize cultural competency for its programs, practices and policies.

DESCRIPTION: Under the direction of the Office of Multicultural Health, and in collaboration with the Office of Women's Health, an internal workgroup composed of representatives from public health programs, Medi-Cal (Medicaid), audits/investigation, contract management, personnel and other units was convened. This workgroup has provided guidance on the development and adoption of an operational definition of cultural competency and the associated guiding principles, self-assessment tools, how-to-guides and other resource materials. These efforts have been largely based on the cultural competency continuum described in *Towards a Culturally Competent System of Care* (1989). The DHS has initiated and plans to continue its internal assessment of its level of cultural competency--both its strengths and weaknesses--by different program units. The resultant materials and tools are to be field-tested and reviewed by focus groups of DHS staff, health providers and others.

PROBLEMS: The timeline for the development of this program has been greatly underestimated and the evaluation aspects have proven challenging.

RESULTS: The workgroup has reached consensus on a definition for cultural competency and 10 associated principles. Additionally, self-assessment tools have been drafted and are currently under review. The broad dissemination and implementation of the materials and training will follow. The utility of these materials and tools will also hopefully be appropriate for health professional training programs, hospitals, local health departments and other agencies. In the quest to better serve all population groups and to be culturally competent, it is critical that an organization's efforts are (1) systemwide; (2) focus on both programs and policies; and (3) based upon an assessment of the organization's cultural competency successes and barriers.

Co-Authors: Kim Yeager, MD, MPH, Chief, Office of Women's Health/CDHS
Caivui Freeman, Chief, Office of Multicultural Health/CDHS

For submissions to: Elena Fios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5384
 FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: An Introduction To Culture and Cross-Cultural Communication in the Medical Encounter

Presenter: Martha A. Medrano, MD Title: Assistant Professor

Affiliation: UTHSCSA Telephone: (210) 567-5480 FAX: (210) 567-5381
(Medical School/Residency Program)

Address: Dept. of Psychiatry, UTHSCSA, 7703 Floyd Curl Drive, San Antonio, TX 78284-7795
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

1) Lecture Objectives: (1) Describe patient's various perspectives and expectations regarding health care services. (2) Describe how culture and cultural perspectives may affect behavior, values and beliefs. (3) Define the terms culture, ethnicity, ethnocentrism, acculturation, and cultural competence. (4) Describe the characteristics of western medicine that define its unique culture. (5) Name communication concepts important in cross-cultural patient interactions.

2) Curriculum Description: Community Representatives gave a 20 minute presentation on unique aspects of the health care of Mexican-American, African-American, Asian-American and Native American patients.

3) Problems Encountered: In selecting community representatives to discuss unique cultural perspectives in the major ethnic groups in our community, selecting representative to address the Asian-Pacific Islander group (13 different groups are represented in San Antonio) was the most challenging.

4) Results: The presentation has been well received by the first year medical students. There was a lot of interest from the student to talk to the community representatives after class about cultural issues. There was positive written feedback from both course director and students.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-8
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

ABSTRACT SUBMISSION FORM

Abstract Title: Clinical Preceptor Training for Students in a Longitudinal Cross-Cultural Education ProgramPresenter: Ana E. Núñez, MDTitle: Assistant Dean of Generalism and the CommunityAffiliation: Med Col PA and Hahnemann Univ. Telephone: (215)762-7296FAX: (215)762-8654

(Medical School/Residency Program)

Address: Hahnemann Univ. MS 440. Broad & Vine St.Philadelphia PA19102-1192

City

Zip Code

Completing the Abstract Submission Form

■ All Text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.

■ Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description;

(3) problems encountered; and (4) results.

Curricular Objectives: understand the definition of a culturally effective educator and clinician in the medical encounter, demonstrating strategies to avoid stereotyping and illustrate positive aspects of diverse patients; increase awareness of cross-cultural nonverbal communication skills; gain comfort with the "uncomfortable" issues of difference; understand the approach to increased awareness of difference with cultural values and beliefs; generate case vignettes of common clinical examples in underserved clinical sites; address challenges students may bring to preceptors.

Students trained in our longitudinal integrated cross-cultural curriculum became sensitized to their lectures and topics (assessment of health care risks based upon ethnicity, for example). In addition to developing discussion sessions, a program to train clinical preceptors with whom the student would be working was designed. This cross-cultural workshop focuses on the issues and skills students need for optimal patient encounters in clinically underserved sites. Included in this interactive session is a working definition of *diverse* which is: "anyone who is not you". This definition highlights the fact that enhanced cross-cultural interactions require an awareness in both the clinicians culture and the patients. This workshop describes a six hour seminar consisting of two sessions, each lasting three hours. The optimal group size is twenty participants or less. The curriculum is based on adult learner principles and is highly interactive and experiential. Participants are encouraged to evaluate their individual approach to understanding and interacting effectively with culturally diverse groups. Video analysis of films created by the developer as well as commercially available videos are used. These enable the participants to enhance their skills of changing the cultural context so as to understand the communication. In addition to cross-culturalism knowledge and skills, preceptors are instructed on delivery of feedback to students. Common cross-cultural conflicts were also highlighted so that mentors were more effective in their role of "troubleshooter".

Problems Encountered:

Logistic and resource allocation issues are the main problem in a small group seminar format, especially scarcity of trained facilitators. Learner resistance by clinicians to this topic required special attention.

Results:

The first group of eighteen preceptors (physician and physician assistants) were trained. Post session evaluation reported that the preceptors wanted more information about specific populations, more video-vignette analysis of cases. Student feedback is pending. Specialty types trained included clinicians in the fields of primary care (general internal medicine, general pediatrics and family medicine), addiction medicine, medical and surgical subspecialties. The ethnic composition played an important role in the groups with heterogeneous more able to "test hypothesis" of diverse people than homogeneous groups. Video-vignettes serve as powerful affective triggers to discuss the personal impact of diversity and medical education.

Address submissions to: Elena Rios, M.D., M.S.P.H.

Office of Women's Health, OASH

200 Independence Ave., N.W., Room 730-B

Washington, D.C. 20201

Telephone:

(202) 690-5884

FAX:

(202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: "Looking Within To See The Outside Better": A Model for Cross-Cultural Effectiveness Education

Presenter: Ana E. Núñez, MD

Title: Assistant Dean of Generalism and the Community

Affiliation: Med Col PA and Hahnemann Univ. Telephone: (215)762-7296

FAX: (215)762-8654

(Medical School/Residency Program)

Address: Hahnemann Univ. MS 440, Broad & Vine St.

Philadelphia PA

19102-1192

City

Zip Code

Completing the Abstract Submission Form

- All Text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Curricular Objectives: understand a broader definition of diversity and key terminology; enhance understanding of the role of small group teaching of skills using multi-media; describe essential goals and challenges in education in this area; enhance cross-cultural nonverbal communication skills; understand the approach to increased awareness of difference with cultural values and beliefs; match course goals and objectives with teaching strategies; address barriers and obstacles to implementation.

Culturally diverse patients do not fair as well as others in the medical system. An increasing literature attests to this fact. How do we train future primary care providers to be more effective at addressing the health care needs of underserved communities? This cross-cultural workshop focuses on the issues and skills needed for optimal patient encounters. Included in this interactive session is a working definition of *diverse* which is: "anyone who is not you". This definition highlights the fact that enhanced cross-cultural interactions require an awareness in both the clinicians culture and the patients. This workshop describes a twelve hour seminar consisting of three sessions, each lasting four hours. The optimal group size is twenty participants or less. The curriculum is based on adult learner principles and is highly interactive and experiential. Pre-session materials are used as a needs assessment and basis of determining relevance to the particular audience. Pre-session material is also used in developing the tailored role plays. Learners are encouraged to develop an approach to understanding and interacting effectively with culturally diverse groups. Video analysis of films created by the developer as well as commercially available videos are used. These enable the participants to enhance their skills of changing the cultural context so as to understand the communication. In addition to a skills component, this session will provide educators in cultural diversity an opportunity to discuss curricular development and implementation relevant to their own institutions.

Problems Encountered.

Logistic and resource allocation issues are the main problem in a small group seminar format, especially with large class sizes and a scarcity of trained facilitators. The seminar format will be contrasted with an ongoing longitudinal, integrated curriculum which uses didactics and learning modules from the original seminar. This enhanced awareness course is a starting point for increasing knowledge and skills with culturally diverse patients.

Results:

To date, 227 learners have been trained. These trainees included pre-clinical, clinical students, residents in family medicine and psychiatry, mental health professionals (psychologists, social workers, graduate students) and faculty. The majority of learners reported increased awareness to difference as a result of the curriculum. Voluntary audience demonstrated less resistance to the material in contrast to mandatory participants. The ethnic composition played an important role in the groups with heterogeneous more able to "test hypothesis" of diverse people than homogeneous groups. Groups with pre-existing relationships had special issues which will be addressed.

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Cultural Competency: Applications for Public Health Practice

Presenter: Sharyne Shiu-Thornton Title: Instructor

Affiliation: Dept. of Health Services Telephone: (206) 616-2940 FAX: (206) 543-3964
(Medical School/Residency Program)

Address: University of Washington, 1959 NE Pacific St., Box 357660, Seattle, WA 98195-7660
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

(1) Objectives of the curriculum: 1) to define cultural competency and its application to clinical practice, 2) to provide a cultural competency framework within which medical and public health education can be critically reviewed, 3) to provide a cultural and socio-historical context for understanding the health status and needs of both ethnic minority communities and immigrant-refugee populations, and 4) to provide practical skills for working with diverse populations in a culturally competent manner.

(2) Curriculum description: This 5 credit course will specifically and comprehensively explore ethnic minority health and cultural diversity, applying cultural competency principles into the core competencies of public health practice. This course is designed for graduate students and is intended as an in-depth course. It will convene once a week for six hours, allowing for a learning experience that will integrate formal didactics, experiential learning (including site visits), and group process.

(3) Problems (challenges) encountered: Course scheduling is the significant challenge due to the extended course format. However, the extended format allows for student learning to intellectually stretch beyond a "traditional" didactic approach to a larger integrated "lived experience" that incorporates history, religion (spirituality), art and other creative expressions that potentially stand as metaphors for human experiences of health, illness and suffering.

(4) Results: Student evaluations overwhelmingly positive (evaluations available for review). Seminar included 10 graduate students (MPH, MHA and MSW). Class size limited to 16 to allow for off-site visits and field trips.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: The Multicultural Curriculum Project-1994-1995
Children's Hospital Oakland
 Presenter: Melanie Tervalon, M.D., M.P.H. Title: Director, Multicultural
Affairs
 Affiliation: Children's Hospital Oakland Telephone: (510) 428-3331 FAX: (510) 428-3859
 (Medical School/Residency Program)
 Address: 747 52nd Street Oakland 94609
 City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

The City of Oakland reflects trends of increasing racial, ethnic and cultural diversity to be realized in our country over the next decades. The Multicultural Curriculum Project at Children's Hospital Oakland was conceptualized as an innovative educational program to teach resident physicians, hospital-based and community physicians, and other Hospital staff the many cultural, racial, linguistic and ethnic dimensions of providing effective and respectful health care to children and families. The Project involves not simply a descriptive presentation of other cultures, but the critical evaluation of the sociopolitical and historical context in which both practitioners and family interact, for better or for worse, in the development of therapeutic alliance. We use the existing teaching format of the residency program, with community advocates, parents, and faculty members of color from local and national institutions making up the core teaching staff.

From August 1994 through June 1995, over 30 separate sessions were presented, instructing over 1800 attendees. Most of the sessions were presented in the context of "modules" sets of at least 4 lectures spanning 4 to 6 weeks and highlighting one racial or cultural group. The content of each module was determined by a multidisciplinary working group, composed of Project staff, physician and non-physician Hospital employees and community members, ethnically or otherwise representative of the group being highlighted.

As a model program a variety of quantitative and qualitative evaluation techniques were used to assess both the content and the process of the Project's pilot phase. Attendance data and participants' post-session evaluation forms were collected for each session. We interpreted the persistence of the unprecedented, overwhelming attendance at Project activities as indirect evidence of the applicability and appropriateness of the presented material. In fact, of those returning post-session surveys, over 90% specifically felt that the content of the presentations was applicable to their work with the Hospital's patients and families. Participants were also satisfied with the quality of the presentations. On a scale of 1 to 4 (1=excellent; 2=good; 3=fair; 4=poor), 72% rated the sessions as Excellent, and 92% rated the sessions as Excellent or Good. Finally, though originally focused on the pediatric residents, we came to view the integration of other Hospital employees as critical to the success of this education effort, as participants came to recognize and utilize one another as ongoing, internal resources for approaching issues of inclusion.

The problems encountered during this pilot phase included the challenge of presenting complex topics in such time-limited forums to a variety of developmental levels among participants, including people's incompletely met need for more discussion with one another; the variability of speakers; the need for more focus on distinctly defined interactive skills; and underfunding of the pilot phase at a level to support adequate Project staff.

Our summary of the pilot stage includes the development of consensus among the housestaff, faculty and staff, the assessment of educational need, the evaluation of curriculum content and the group process in its development, and preliminary results of the impact on the residents, other practitioners and Hospital staff. The Project's potential responds fully to calls for revision in medical education that incorporate multicultural, multidisciplinary, community-based and more humanistic components into provider training.

Address submissions to: Elena Ries, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-B
 Washington, D.C. 20201

Telephone: (202) 690-5884
 FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: A 3rd and 4th Year Primary Care Curriculum at Charles R. Drew University
A. Belinda Towns, M.D., M.P.H. Chair, Primary Care Curriculum Committee
Presenter: Lewis A. Hamilton Jr., M.D. Title: Dean, Postgraduate Medical Education
Affiliation: Charles R. Drew University of Medicine & Science Telephone: (213) 563-4843 FAX: (213) 563-5938
(Medical School/Residency Program)

Address: 1621 East 120th Street, MP19A, Los Angeles, CA 90059-3052

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

CURRICULUM OBJECTIVES: The intent of the Primary Care Program is (1) to encourage students to become primary care physicians, (2) to teach them how to assess and manage acute and chronic medical problems frequently encountered in the Los Angeles inner-city, and (3) to enhance their understanding of:

- The place of primary care in the American Health care system, and the importance of the ambulatory care clinic setting for the provision of primary care.
- The multi-cultural community served by Martin Luther King Hospital and Charles R. Drew University: its composition, characteristics, and health care needs.
- The need to provide cost effective continuous as well as episodic health care and to provide anticipatory health care using education, risk reduction and health enhancement strategies.
- The importance of (1) knowing the cultural backgrounds of patients, (2) demonstrating sensitivity in working with a multi-cultural patient population, and (3) developing diagnostic and treatment plans in partnership with patients and their families.
- The role of the Primary Care physician as researcher, health-care team member, community leader and legislative advocate.

CURRICULUM DESCRIPTION: Third year clerkship activities consist of a weekly conference series and a 10 month half-day-a-week experience in an MLK ambulatory clinic. The conferences focus on societal issues including inter-cultural communication, epidemiology, health services, health policy, and social concerns. Students participate in discussions of such subjects as AIDs in the African American community, the epidemiology of Latino health, alternative forms of health care, to name a few. In the fourth year, Primary-Care is a sixteen week program. Students are placed with community health care providers where they continue to build on their clinical experiences with a multi-cultural patient population, and they participate in a primary care research project.

PROBLEMS ENCOUNTERED: Among the difficulties experienced in the first two years of this program were (1) stimulating the students who had varied clinical interests to focus on the "softer" sciences: the psychosocial needs of the patients, intercultural communication, etc., (2) convening faculty from five departments and obtaining their support, (3) coordinating community providers and consultants.

RESULTS: Results have been mixed, ranging from one extreme to another, with some students responding on program evaluation questionnaires that this rotation was the most valuable in their entire medical school experience, and other students indicating that they hated it. The majority of students, however, have responded favorably, and many seem to be selecting a "primary care" program for their residencies.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JULY 21, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Cultural Diversity and Preventative Health Care for Women During Pregnancy

Presenter: Dyanne D. Affonso, PhD, FAAN Title: Dean and Professor

Affiliation: Emory University - Nursing Telephone: (404) 727-7976 FAX: (404) 727-4645
(Medical School/Residency Program)

Address: School of Nursing, 531 Asbury Circle Atlanta, GA 30322
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Objectives:

1. Describe the use of innovative conceptual models for delivering culturally competent prenatal and postpartum health care services.
2. Delineate alternative program mechanisms that incorporate deference for cultural beliefs and diverse ways of "knowing".
3. Examine the potential for community partnerships and social marketing strategies for improving access and retention into preventative health care services for pregnant women.

Curriculum Description:

During the last decade, much has been written on the importance of prenatal care in preventing low birthweight and neonatal morbidity in the United States. Little progress has been made in improving earlier access and long-term retention into prenatal care for those who need it most: poorer women (often from minority and ethnically diverse groups) in both urban or rural areas who tend to have a higher incidence of perinatal and neonatal morbidity. A research-demonstration project in near completion on the rural island of Hawaii was successful in providing first trimester and consistent participation in prenatal care. Use of the cognitive adaptation model including search for meaning, gaining a sense of mastery, and self-esteem enhancement will be described in terms of use in program development. Program mechanisms such as the Neighborhood Women's Health Watch and supportive ethnic healing systems for the Hawaiian, Filipino, and Japanese women who participated in the program will also be described. Finally, how partnerships with both women and men from a local community can be mobilized to participate in the planning and evaluation of a pregnancy health care program will be presented.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract title: Latina Issues and Perspectives for a Gender Balanced Curricula in Medical Education

Presenters: Yamila Azize, Ph.D.; Coordinator Women, Health and Science Research;
Luis A. Avilés, MS, MPH,

Afiliation: Y. Azize
Women's Studies Program
University of Puerto Rico, Cayey Campus
Telephone & Fax: 809-738-4218

L. Avilés
John Hopkins University,
School of Public Health
Telephone : 410-752-4317

Mailing address: Box 10000 Suite 292, Cayey, P.R. 00737

1. Introduction:

The idea of cultural competence in medical education became more popular when the clinical practice of physicians started to face the challenges of an increasing cultural, racial and ethnically diverse population in many cities of the United States. For the most part, the concept of cultural competence has ignored the dialectical relationship between biology and culture as it applies to women's health. Cultural competence in medical education can not be adequately deal with women's health issues if the feminist scholarship on ~~women and health is ignored.~~

The experience of teaching the course Women and Health in the Medical Science Campus of the University of Puerto Rico will be used as a case study that will offered valuable information on broader issues of cultural competence on women's health in medical education.

2. Objectives of the Curriculum:

The main goal of the course was to provide physicians, nurses and other health professionals with a feminist perspective on women and health in order to analyze health policy issues at the levels of clinical practice and social policy.

3. Curriculum description:

The course begins with a general introduction to women's history of social struggles and their participation in the nascent health professions at the turn of the century. Then the course analyze women in science (both as an object of science and as scientists) in order to provide a theoretical perspective to deal with specific health issues such as: reproductive and social health and rights, the medicalization of women's health, reproductive technologies, AIDS, occupational health and elderly women.

4. Problems encountered:

The main problem encountered was the resistance of health professionals to acknowledge the gender biases in scientific research, clinical practice and social policy.

5. Results:

In spite of the resistance found, most of the students were interested in the new perspectives and materials presented. Some research projects were able to document particular biases against women. For instance, one project studied the medical forms that government employees have to complete finding that there was a question asking how many abortions a woman had and if her period was painful. Other project focused on policy issues for the elderly women.

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Domestic Violence Curriculum

Presenter: Flora Bryant, Ph.D. Adjunct Professor, School of Social Work
Michelle Grant, M.D., FACEP Title: Department Chair, Emergency Medicine

Affiliation: Howard University
Dept. of Emergency Medicine Telephone: (202) 865-1121 FAX: (202) 865-4492
 (Medical School/Residency Program)

Address: 2041 Georgia Ave., N.W. Washington, D.C. 20060
 City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Goals: 1. Education of Health Professional Staff (HPS) on recognition, screening, treatment, and prevention of Domestic Violence (DV). 2. Enlighten Howard University Hospital (HUH) patient community about DV recognition, treatment, empowerment skills and resources for prevention. 3. Enhance awareness of HPS and HUH communities regarding the impact of myths, misinformation, cultural and gender bias attitudes impacting and sustaining DV.

Objectives: 1. Delineate DV definitions, etiologies, at-risk groups, and effective protocols, policies, procedures, and practices in biological, psychosocial, political, and gender sensitive context. 2. Increase HPS awareness regarding DV as public health, moral, and criminal justice issues. 3. HPS should recognize the impact of disempowerment, socialization of females, myths, and cultural bias of their own attitudes, thoughts, and actions on DV.

4. Discuss ethical principles of DV which include beneficence, justice, and patient's rights. 5. Investigate issues: sexual/emotional/psychological trauma in individual and family development and treatment processes. 6. Operationalize cultural competence into the spectrum of DV health care. **Curriculum Description** - 3 Components: Pre- and post-test evaluation tools

will be a video developed with questions generated from it. Short answers will be expected. Key issues in DV will be covered in small group sessions, viewing videotapes, and discussions based on articles compiled in a teaching manual. Education will be aimed at HPS and the community. Interviewing skills will be a component of HPS education. **Problems Anticipated/Possible Barriers:** 1. Funding for implementation, ongoing education, and ongoing evaluation. 2. Underreporting of domestic violence by health professionals and the law enforcement community. 3. Changing attitudes of professionals so that priority time is invested in screening, recognition, prevention, and treatment activities.

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-B
 Washington, D.C. 20201

Telephone: (202) 690-5884
 FAX: (202) 690-7172

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: "CORONARY ARTERY DISEASE (CAD) AND GENDER: PREVENTION, DIAGNOSIS AND MANAGEMENT" - A COURSE FOR RESIDENTS AND SENIOR MEDICAL STUDENTS.
Presenter: DR. PAMELA CHARNEY Title: DIRECTOR, GENERAL INTERNAL MEDICINE
ALBERT EINSTEIN COLLEGE OF WOMEN'S HEALTH TRACK
Affiliation: MEDICINE Telephone: (718) 918-7463 FAX: (718) 918-7701
(Medical School/Residency Program)
Address: JACOBI MEDICAL CENTER PELHAM PKWY. & EASTCHESTER RD. BRONX, N.Y. 10461

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

"Coronary Artery Disease (CAD) and Gender: Prevention, Diagnosis and Management" a course for residents and senior medical students. Drs. P. Charney, S. Dresdner, and L. Lemberg.

CURRICULUM OBJECTIVES:

- 1) Review major clinical issues in the prevention, diagnosis and management of CAD with a focus on patient diversity.
- 2) Improve skills in critically assessing the medical literature.

CURRICULUM DESCRIPTION:

Over four weeks, about 30 hours were spent in lectures, group discussion and presentations by participants. Topics included: principles of preventive health; smoking cessation; gender issues and clinical approach; hypertension as a risk factor for CAD; lipids, gender and CAD; diagnostic testing for CAD; clinical approach to chest pain (included panic attacks); catheterization and bypass; bias in clinical medicine (focusing on race and gender); public perceptions of gender and CAD; and presentations by reading groups. A bibliography was developed by the core faculty (Drs. Pam Charney and Paul Marantz). Exploration of race and class issues was encouraged.

The residents (PGY 1-3 Primary Care I. M.) and fourth year medical student were organized into small reading groups which reviewed and presented a topic of their choice. Written evaluations were completed after each session and at the end of the month.

PROBLEMS ENCOUNTERED:

Reading groups had difficulty finding time to meet and faculty felt underutilized. Participants noted there were too many required readings and more extensive review of basic concepts was needed. Current limits in knowledge of the impact of gender, socioeconomic class and race were frustrating.

RESULTS:

The eight participants noted improvement in many specific content areas and their ability to critically review the medical literature. Overall the course was rated 3.2 on a 4 point Likert scale (4=excellent, 1=poor). Individual presentations were rated for "topic importance" from 3.4 to 4.0 and "presentation effectiveness" from 3.1 to 3.9. Faculty were impressed with the quality of presentations by participants.

Address submission to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Cultural Competence and Women's Health Curriculum in Medical Education

Presenter: Molly S. Chatterjee, M.D. Title: Professor and Director, Maternal Fetal Medicine

Affiliation: Meharry Medical College Telephone: (615) 327-6284 FAX: (615) 327-6296
(Medical School/Residency Program)

Address: 1005 D.B. Todd Blvd. Nashville, Tennessee 37208-3599

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Objectives: The proposed curriculum will increase the competency of students and residents to deal with patients of diverse cultural backgrounds. They will acquire compassion and sensitivity for the minority population.

Curriculum Description:

1. Medical schools with a broad diverse faculty should be selected nationwide as sites for training.
2. Local physicians, other health care providers and educators of diverse cultural and geographical backgrounds will be invited to become resources. Religious and cultural beliefs should be taken into consideration by health care providers, e.g. a) Muslim religion: how women feel about male physicians and how sensitive they are to expose their body, etc., b) Female genital mutilation in Somalia, c) Taboo for cesarean section in the sub-Saharan continent of Africa.
3. Electives in different geographical areas may be encouraged with funding from the Biomedical Research Foundation with cultural exchange programs.
4. Students who have managed 10 patients during their clinical rotation will be rewarded with extra credits upon evaluation.

Problems Encountered:

Lack of funding and motivation of students and residents.

Results:

A pilot study for a one year period may be implemented and could be evaluated.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W. Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Optimizing Health Outcomes in Ethnically Diverse Women with HIV/AIDS:

Abstract Title: Continuing Medical Education for Primary Care Physicians
 Presenter: Helen L. Coons, Ph.D. and Clinical Assistant Professor
Ana E. Nunez, MD Title: Assistant Dean of Generalism & the Community
Medical College of Pennsylvania & (215)762-7616 (215) 762-8654
 Affiliation: Hahnemann University Telephone: () - FAX: () -
 (Medical School/Residency Program)
 Address: Broad & Vine Streets, MS 440, Philadelphia, PA 19102-1192

City

Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

(1) OBJECTIVE OF THE CURRICULUM

- Increased knowledge of gender, ethnic, and class-based differences relevant to the care of women with HIV/AIDS.
- Increased knowledge of a biopsychosocial approach to HIV/AIDS in women which is essential for effective evaluation and treatment
- Increased knowledge of factors associated with risk for health and mental health problems among women with HIV/AIDS.
- Increased knowledge of strategies to promote optimal health and mental health outcomes with ethnically diverse women with HIV/AIDS
- Role model multidisciplinary collaboration in teaching and care of women with HIV/AIDS.

(2) CURRICULUM DESCRIPTION

A. Content

- Epidemiology of HIV/AIDS in women in the United States.
- Biopsychosocial approach to HIV/AIDS in women.
- Diversity among women coping with HIV/AIDS (i.e., ethnicity, S.E.S., age, religion, education, relationship status, sexual orientation, etc.)
- Gender and cultural differences in communication style: Impact on the physician-patient relationship.
- Within and across ethnic and age group diversity.
- Risk factors for depression and substance abuse in women with HIV/AIDS.
- Promoting optimal health outcomes in ethnically diverse women with HIV/AIDS.

B. CME Teaching Strategies

- Small group format with a multicultural, multidisciplinary teaching team. Team consists of a physician, clinical psychologist social worker, and women with HIV.
- Video analysis of women coping with HIV/AIDS to illustrate the social, cultural, and relational context of women's lives.
- Clinical vignettes of ethnically diverse women with HIV/AIDS.
- Bibliography on biomedical, sociocultural, and psychosocial aspects of HIV/AIDS in women.

C. Evaluation Strategy

- Pre- and post-test of knowledge of HIV/AIDS in women.

(3) PROBLEMS ENCOUNTERED

Overview approach does not allow for in-depth discussion of complex sociocultural issues.
 Limited baseline knowledge of within and across ethnic group differences among women.
 Limited appreciation for the social and cultural context of women lives.
 Working from a biopsychosocial perspective in the clinical encounter.
 Limited experience working from a multidisciplinary perspective.

(4) RESULTS

Feedback indicated increased knowledge of: 1) epidemiology of HIV/AIDS in women; 2) gender, ethnic and class issues relevant to the evaluation and treatment of women with HIV/AIDS; 3) strategies to provide gender and culture specific care; 4) multidisciplinary care.

Address submissions to: Elena Rios, M.D., M.S.P.H.
 Office on Women's Health, OASH
 200 Independence Ave., N.W., Room 730-B
 Washington, D.C. 20201

Telephone: (202) 690-5884
 FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Reframing Women's Health: An Intensive Multidisciplinary Institute
Zylphia Ford, M.P.H. Project Coordinator
 Presenter: Alice Dan, Ph.D. Title: Director
Univ. of Illinois at Chicago
Center for Research on Women
 Affiliation: and Gender Telephone: (312) 413-1924 FAX: (312) 413-7423
 (Medical School/Residency Program)
 Address: 1640 W. Roosevelt Road (M/C 980) Chicago IL 60608-6902
 City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
 Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description;
 (3) problems encountered; and (4) results.

Examining the impact of the political, cultural, economic, social, psychosocial, and spiritual aspects of women's health is essential. These aspects must be integrated into the development and design of all women's health programs. A ten-day multicultural and multidisciplinary institute allowed women's health experts to work together to forge a new, comprehensive, and inclusive vision of the future of women's health.

The curriculum was designed to foster multidisciplinary cross-fertilization in various key aspects of women's health: education, practice, research, and policy. The curriculum objectives were to: Reconnect the women's movement by gathering resources and exploring alternatives for women's health practice, education, and research; outline the guiding concepts underlying the principles of women's health; stimulate and foster multidisciplinary collaboration in women's health; enable participants, according to the needs of their situation and target population, to develop curricula or programs; include women of all communities and their self-identified health concerns in the development of all women's health programs; set directions for policy development in women's health; explore options and mechanisms for promotion of excellence in women's health.

A two-day Pre-Institute was held the previous weekend to prepare women in traditionally marginalized communities for participation in the larger Institute. Participants of the Pre-Institute included women of color, lesbians, disabled women, and poor women.

Participants debated over the tone of the Institute: some felt it was too medically-oriented; others felt it was too "anti-medicine." Accessibility for women with disabilities also created unanticipated difficulties. Women from traditionally marginalized communities participated less than planners anticipated, despite the use of various inclusive strategies.

A number of innovative endeavors have sprung from the Institute, including two inter-institutional women's health curriculum groups, one undergraduate and the other post-graduate. Multidisciplinary and cross-institution collaborations in women's health are on the rise as a result of this remarkable institute.

Send submissions to: Elena Rios, M.D., M.S.P.H. Telephone: (202) 690-5884
Office on Women's Health, OASH FAX: (202) 690-7172

200 INDEPENDENCE AVE., N.W., Room 730-B

Washington, D.C. 20201

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Cultural Issues in Communication About Breast and Cervical Cancer Screening

Presenter: Roberta Goldman, Ph.D. Title: Medical Anthropologist; Clinical Assistant

Affiliation: Brown University Telephone: (401) 729-2924 Professor of Fam. Med.
(Medical School/Residency Program) FAX: (401) 729-2923

Address: Department of Family Medicine 111 Brewster Street, Pawtucket, RI 02860

Additional Authors: Catherine Dube, Ed.D., Rochelle Rosen, MA, Beverly Ehrlich, MPH
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Objectives: A curriculum for medical students is being developed at Brown University School of Medicine to enhance communication and counseling skills around breast and cervical cancer screening. Information and skills for culturally responsive communication are integrated throughout the eight-module, comprehensive curriculum. Two modules focus specifically on cultural competence: an introduction to the cultural influences in the doctor/patient relationship; and a module on the range of sociocultural and sociostructural issues pertinent to breast and cervical cancer screening.

The purposes of the culturally focused modules are to enhance students' awareness of the content of their own cultural dispositions; to heighten understanding of the impact these dispositions have on their communication with women about cancer screening; to enhance understanding of the cultural and sociostructural factors that impact communication, affect access to health care, and create barriers to breast and cervical cancer screening; and, to improve students' skills in communicating with women about cancer screening and eliciting their perspectives.

Curriculum description: The curriculum incorporates a variety of teaching methods, including didactic lecture, case discussion, small-group exercise, and role play. In year 2 of the project, videotaped vignettes for triggering discussion will be produced. The cultural modules cover the knowledge, attitudes and communication skills students need for a culturally responsive approach to counseling and screening, including: cultural self-awareness; the culture of western medicine; patients' health beliefs and explanatory models; cultural values of modesty, privacy, and personal disclosure; culture, gender, age, and class influences on communication; the use of power and authority in the clinical encounter; ethnic differences in breast and cervical cancer screening, incidence, and survival rates; ethnic differences in attitudes about cancer, perceived risks, preventive care, and screening procedures; cultural and sociostructural barriers to screening; and skills for practical application.

Problems encountered: While a variety of departments within the medical school are enthusiastic about including these modules in their program, the subject area encompasses a broad range of issues that must be taught in relatively short time periods. The concepts of cultural responsiveness comprise a new approach to teaching about breast and cervical cancer screening, and some instructors may feel uncomfortable teaching the material without faculty development assistance.

Results: In preparation for writing the curriculum, focus groups of medical students and residents, and interviews with faculty and clinicians were conducted. Findings from the research show that the teaching of communication aspects of breast and cervical cancer screening is generally insufficient, and cultural issues are often ignored. Pilot testing of the cultural components of the curriculum will begin in August and September 1995 in the Brown University Family Medicine Clerkship and Medical Interviewing course. One means of evaluation will be student participation in an Objective Structured Clinical Exam (OSCE) at the end of each Family Medicine Clerkship rotation.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: ~~FRIDAY, JUNE 30, 1995~~

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Teaching the Cultural Dimension of Maternal and Child Health in a Family Medicine Residency Program

Presenter: Roberta Goldman, Ph.D. Title: Medical Anthropologist; Clinical Assistant Professor of Fam. Med.

Affiliation: Brown University Telephone: (401) 729-2924 FAX: (401) 729-2923
(Medical School/Residency Program)

Address: Dept. of Family Medicine 111 Brewster St., Pawtucket, RI 02860

City _____ Zip Code _____

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used. Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Background: In the increasingly multi-cultural environment of American health care, resident physicians are frequently called upon to address patient care issues that they have not been specifically prepared for. Since introduction of the biopsychosocial model in the late 1970s, it has become more common to address patients' psychosocial issues during hospital teaching rounds, especially in primary care residencies. In recent years, culture has been added to the mix of nonmedical variables that residents must acknowledge. It can be difficult, however, for residents to conceptualize how these medical and nonmedical issues interact, how to integrate thinking about social, cultural, and psychological aspects of patients' lives into the development of a patient care plan, and how to avoid becoming overwhelmed by the complexity these issues present. Culture is an especially confounding factor, as cultural specialists, unlike social workers or psychologists, are rarely available for consultation. In addition, residents' own cultural dispositions impact the patient encounter in ways in which they are often unaware.

For the past 4 years, a medical anthropologist has implemented a curriculum on cultural issues in health care in the Brown University Department of Family Medicine residency program. One significant aspect of the curriculum concerns women's health. It is targeted to residents during their Maternal and Child Health (MCH) rotations in a Brown-affiliated community hospital that serves two culturally diverse communities comprising immigrants from Latin America, Portugal and West Africa. The MCH rotation was chosen for a number of reasons: In the perinatal period, a patient's cultural dispositions have great impact on her decisions and behaviors. Social and cultural issues assume heightened importance with the involvement of the patient, her developing baby, family, support system, and health care providers. After delivery, there is some urgency to health providers' need to clarify a patient's history and current situation prior to her leaving the hospital with the baby. And on a purely practical level, finding sufficient time in a comprehensive family medicine curriculum for teaching "new" subject areas is problematic; the MCH rotation provides considerable exposure each year to both first and second year residents.

Objectives: The objectives of the curriculum during the MCH rotation are to increase residents' awareness of social and cultural issues important to patient care; increase understanding of how residents' own cultural dispositions impact their interactions with patients; and enhance residents' skills in culturally responsive communication and care.

Curriculum description: The medical anthropologist teaches during morning teaching rounds on the obstetrics floor, on an individual basis in case discussions with residents, and during consultation with residents, patients, and the patients' family and social supports. Cultural issues are integrated into the normal routine of teaching rounds and morning care, and are raised by the anthropologist as well as faculty and fellows, and by residents themselves. During teaching rounds case-based discussions are broadened to address cultural issues of general impact on patient care. Topical areas include: social conditions, access to health care, and health and birth practices in patients' countries of origin; immigration, acculturation, and economic survival; patients' expectations and perceptions of physicians and the health care system; health beliefs, personal care and baby care; dietary practices; breastfeeding; role of family members; household patterns; social support systems; communication styles.

Problems encountered: Time constraints and language barriers can lead to residents' avoidance of, or difficulty in coping with, unfamiliar social or cultural issues.

Results: The overall cultural curriculum has received highly positive evaluation by residents, with particularly favorable evaluations for exposure to teaching during the MCH rotation.

Send submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: ~~FRIDAY, JUNE 30, 1995~~

AB

Abstract Title: Innovative Strategies for Health Care: The Promotora Health Care:Presenter: Maria Elia Gome Z - MURPHYAffiliation: Mariposa Community Health Foundation
(Medical School/Residency Progr: (602) 761-2153Address: 1790 N. EastCona 85601
Zip Code**Completing the Abstract Submission F**

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Promotora or lay health worker (LHW) models are effective bridges between the traditional health care system and low-income populations who have difficulty accessing the system. These models have a precedent in Third World countries where health care personnel and resources are scarce and have worked successfully in the United States since the 1950's.

Most promotora models work within the open system of a community and address not only many types of health problems, but many people, not all of whom can be identified at the outset of a project. A promotora works within her clients cultural and psycho-social context. She is a member of the target community and reaches her clients through non-traditional means, i.e., factories, laundromats, outside churches, and shopping malls. She is trained in specific and general health topics, but cannot give medical advice. The promotora partners with the targeted population to access quality health care for low-income clients.

An effective lay health worker model has a variety of important outcomes to be measured at different conceptual and organizational levels; for example, changes in behavior of the woman being served and the woman's family; changes in the overall characteristics of a community, such as adequacy of prenatal care or the reduction in certain risk conditions, such as exposure to preventable communicable diseases.

In most promotora programs, the impact of the program on the lay health workers themselves is an important outcome. These outcomes might include the LHW's assumption of community leadership and advocacy roles, their transition to professional roles, or their return to school for more formal education and a better life.

This creates a spiral effect of personal and community empowerment. As the promotora helps others, she helps herself.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-8
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Resident Education In Diversity Awareness in a Managed Care Setting

Presenter: Lesley R. Levine, MD

Title: Ob-Gyn Program Director

Affiliation: Kaiser Permanente Medical Center phone (510) 596-6361, fax (510) 596-7458

280 W. Macarthur Blvd. Oakland, Ca. 94611

Objectives: (1) To develop within each resident a sense of self in relating to their own culture. (2) To increase awareness and educate about other cultures, orientations, lifestyles, and disabilities. (3) To help the resident integrate this new knowledge and experience with their own concept of self, specifically to be able to offer medical services to a wide variety of women in a sensitive manner. All of these objectives are to be met within the structure of a managed care environment, ie: Ob-Gyn residents are taught to assume global responsibility for patients as their primary care provider.

Curriculum Description: A variety of curricular activities are used to meet the above objectives. Retreat days are used to understand and share individual identities in a diverse resident population. Also on these days the residents are assigned exercises to develop team work skills and to learn how different people may approach the same situation differently. Other workshops directly deal with our differences and how differences can lead to opportunities. Several times during the year community health leaders from diverse backgrounds are asked to address the residents. They discuss their concerns with health care specific to their communities and with regard to Kaiser Permanente as a providing system. Lastly, and most importantly cultural aspects of health are brought up and discussed continually with respect to patient's diagnosis and treatments. Integrating the information residents gain in workshops with everyday experience is perhaps the most important part of the curriculum.

Problems Encountered: The most pervasive problem has been to increase awareness among the attending staff so that they understand the reasons behind the workshops, and support and feel comfortable with bringing up cultural issues during case discussions. Also the quality of workshops devoted to developing cultural awareness varies a great deal.

Results: The results of this long-term, integrated curriculum has been to increase awareness of and comfort with cultural aspects of health care. This includes issues of race, ethnicity, gender, sexual orientation, and disabilities.

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Faculty Preparation for Women's Health Curricula Development

Presenter: Lois A. Monteiro, Ph.D. Title: Chairman, Department of Community Health

Affiliation: Brown University Telephone: (401) 863-1629/3172 FAX: (401) 863.3713
(Medical School/Residency Program)

Address: Department of Community Health
97 Waterman Street, Box G-A4 Providence, RI 02912
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

A prepared faculty interested in women's health issues is central to the establishment of a women's health curriculum. At Brown we have focused on developing collaboration between women faculty on research topics and on patient care. Since an infrastructure of support for women faculty, many of whom are at the Assistant Professor rank, is essential to developing these faculty, we have established an Office of Women in Medicine, have appointed an Associate Dean of Women, and have a women in medicine faculty committee. These offices cooperated with the Associate Dean for Faculty Affairs to present a faculty development conference for women faculty that centered on teaching, research, and career issues for women faculty. A group of women faculty successfully prepared an application as a Vanguard Center for the Women's Health Initiative (N.I.H.). A university grant has been awarded to a group of ten women Medical School faculty to support a faculty study group in the 1995-1996 academic year to examine education on women's health in the medical school core curriculum and to consider ways, such as a university center, to formalize these interests within the structure of the university. The group will review topics related to specific diseases, e.g., women and heart disease, women and AIDS, reproductive health. Secondly, they will discuss topics that cross diseases and relate to gender issues in women's access to health care, such as the health of women of color; older women as patients; concerns about the shortened length of hospital stay after delivery; the care for high risk participants in prenatal care; and health insurance. Thirdly, they will consider topics related to women and the health care delivery system. The end product of the study group's activity will include a plan for a university center on women's health research and strategies for integration of women's health topics into the curriculum.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: Friday, August 4, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Sociocultural Aspects of Women's Health in Undergraduate Medical Education
Presenter: Ana E. Núñez, MD and Helen L. Coons, Ph.D. Title: Assistant Dean of Generalism & the Community
Medical College of Pennsylvania & (215) 762-7616 (215) 762-8654
Affiliation: Hahnemann University Telephone: () FAX: ()
(Medical School/Residency Program)
Address: Broad and Vine Streets MS 440, Philadelphia, PA 19102-1192
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the parameters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

(1) OBJECTIVE OF THE CURRICULUM

- A. Increased knowledge of gender and ethnic-based differences which affect women's experiences in the health setting.
- B. Increased knowledge of women's health and mental health concerns frequently overlooked in the clinical encounter.
- C. Increased knowledge of sociodemographic factors associated with risk for health and mental health problems among women.
- D. Increased knowledge of strategies to promote optimal health and mental health outcomes with ethnically diverse women across the life span.
- E. Role model multidisciplinary collaboration in teaching and care.

(2) CURRICULUM DESCRIPTION

A. Content

- Biopsychosocial approach to women's health and mental health.
- Diversity among women (i.e., ethnicity, S.E.S., age, religion, education, relationship status, sexual orientation, etc.)
- Gender and cultural differences in communication style: Impact on the physician-patient relationship.
- Within and across ethnic and age group diversity.
- Impact of violence on women's health and health care utilization.
- Risk factors for depression and substance abuse in women.
- Health and mental health concerns frequently overlooked in the clinical encounter.
- Identification of women at risk for health and mental health problems.
- Promoting optimal health outcomes in diverse women across the life span.

B. Teaching Strategies

- Large group didactic with multicultural, multidisciplinary teaching team. Team consists of a general internist and clinical psychologist.
- Video analysis of women coping with health problems to illustrate the social, cultural, and relational context of women's lives.
- Multicultural, multidisciplinary panel discussion with a general internist, clinical psychologist, ob/gyn and physician's assistant.
- Bibliography on biomedical, sociocultural, and psychosocial aspects of women's health.

C. Evaluation Strategy

- Pre- and post-test of knowledge women's health.

(3) PROBLEMS ENCOUNTERED

Overcoming relevance to student who are focused on basic science in pre-clinical years.
Large group format (160 students) precluded optimal interactions about complex sociocultural issues.

(4) RESULTS

Feedback indicated increased knowledge of: 1) epidemiology of women's health problems; 2) gender, ethnic and S.E.S. bias in access to, utilization, and quality of health care; 3) social, ethnic, and relational factors affecting women's health and health behavior; 4) strategies to provide gender and culture specific care; 5) need for more small group case discussions.

Address submissions to: Elena Ries, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-3
Washington, D.C. 20201

Telephone: (202) 690-5684
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Teaching Health Concerns of Arab and Muslim Women

Presenter: Katherine Sherif, MD Title: Assistant Professor

Affiliation: MCPH Telephone: (215) 842-7390 FAX: (215) 843-0253
(Medical School/Residency Program)
Institute for Women's Health

Address: 3300 Henry Ave. Philadelphia, PA 19129
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

OBJECTIVE: To improve the health care of Arab and Moslem women by teaching health care providers about their unique health concerns.

CURRICULUM DESCRIPTION: Islam is one of the most widely practiced religions in the world, with large concentrations of Moslems in Asia, Africa and the Middle East. In the past decade, a large number of Moslems have immigrated to the United States. Arab women are also immigrating in large numbers and although they are not all Moslems, they share some of the same health concerns as Moslem women because of widespread cultural influences. The demand by these women to see Moslem and Arabic practitioners is overwhelming. The health issues that Moslem women face are unique and influenced by religious morals and cultural constructs to a large extent. Health care practitioners will eventually see larger numbers of Moslem women and will need to be aware of their health concerns in order to provide excellent care. The health concerns among Arab and Moslem women are not monolithic among the dozens of subcultures and regions but many elements are shared. While many of the health concerns they face are similar to American women, others are very different. The concerns range from religious and cultural attitudes about the body and about taking medication to the relationship with the health care provider to issues such as female genital mutilation.

PROBLEMS ENCOUNTERED: Many Arab and Moslem women will not seek health care if they cannot see an Arab or Moslem female practitioner because they fear mistreatment and misunderstanding.

RESULTS: Health care practitioners will be able to provide excellent health care to Arab and Moslem women by gaining an understanding of some of the unique health concerns of this group.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Cultural Competence and Provisions of Women's Health in American Indian Communities.
Presenter: Lois G.F. Stesle, M.D. Title: Research Medical Officer, Indian Health Service
Affiliation: University of AZ School of Medicine Telephone: (520) 295-2479 FAX: 520 295-2602
(Medical School/Residency Program) 295-2405
Address: 7900 South J. Stock Road Tucson, AZ 85746
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

CULTURAL COMPETENCE AND PROVISION OF WOMEN'S HEALTH IN AMERICAN INDIAN COMMUNITIES

Efforts have been made the past twenty five years to recruit qualified under represented minority students into health career training. Some medical schools have been leaders in these efforts and have noted the discrepancies in diseases in their states between rich and poor, various ethnic groups and the majority population. At the same time medical research has focused on males. Females health problems are finally being studied. Barriers to care are being explored. The roles still are seen as "rescuer" and "unfortunate" or "patient." This must change if a meaningful, productive relationship is to occur that will bring the health of minority women to the level of the rest of the nation.

This paper discusses inter-cultural sensitivity to American Indian women. The empowerment of these women enables a provider to practice medicine so that an effective, efficient visit occurs that is mutually satisfying. Child rearing, breast feeding, and ways of communication are discussed. Sexual folkways and mores and their effects on medical care are described for several tribes. Some of these materials were incorporated into lectures at the University of North Dakota, ten years ago. Other materials have been accumulated from new work with southwestern peoples.

Strategies for permanently incorporating cultural competence and women's health curricula within medical education will have a lasting effect when people with the skill to do so, join the ranks of tenured faculty. It may take twenty five more years of effort for this to occur.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

CULTURAL COMPETENCE AND WOMEN'S HEALTH CURRICULA IN MEDICAL EDUCATION

ABSTRACT SUBMISSION FORM

Abstract Title: Training Residents in Violence Prevention and Cultural Competence

Presenter: John Takayama, M.D., M.P.H. Title: Assistant Professor

Affiliation: UC, San Francisco Telephone: (415) 476-5763 FAX: (415) 476-8130
(Medical School/Residency Program)

Address: 400 Parnassus Avenue Acc Building 2nd floor Room A206A CA 94143
City Zip Code

Completing the Abstract Submission Form

- All text should be typed within the perimeters of the box shown. Fonts no smaller than 10 points should be used.
- Organize the text of the abstract as follows: (1) objectives of the curriculum; (2) curriculum description; (3) problems encountered; and (4) results.

Problems that affect the community, such as the current epidemic of violence, pose special challenges for primary care physicians predominantly trained in hospital settings. We developed a one-month rotation in community health for second and third year pediatric residents at the University of California San Francisco. In 1994-5, nine residents participated in this rotation, which featured seminar discussions and field experiences. We report on the educational component that addressed violence prevention and cultural competency. 1. Violence Prevention: Invited community professionals and advocates led group discussions on the impact of violence in families and recognizing child abuse and domestic violence. We used videotapes of critical incidents and role play among residents to practice skills in discussing child rearing issues, e.g., discipline and conflict resolution, and asking about violence and making appropriate referrals. Residents gained field experience by promoting violence prevention in schools and leading discussion groups in shelters for victims of violence. 2. Cultural Competence: The diversity of San Francisco's population provides an opportunity for physicians to practice cross-cultural communication. Residents were introduced to cultural competency through a seminar to explore their own biases and discussions on ethnic diversity and the effective use of interpreters. During a major proportion of the rotation, residents provided health care at facilities recognized by the community for culturally appropriate health services. On-site professionals in health, nutrition and social work guided residents in developing culture-specific communication skills. Problems encountered during this rotation included the variable abilities of community preceptors and the inordinate effort required to administer the program. Survey evaluation before and after the rotation demonstrated positive changes in attitudes and comfort regarding violence prevention and cultural competence. We plan to analyze videotaped office visits to determine the impact of this intervention on resident behavior. We believe that residency training must include the community to effectively prepare physicians to address community health issues.

Address submissions to: Elena Rios, M.D., M.S.P.H.
Office on Women's Health, OASH
200 Independence Ave., N.W., Room 730-B
Washington, D.C. 20201

Telephone: (202) 690-5884
FAX: (202) 690-7172

DEADLINE FOR SUBMISSION: FRIDAY, JUNE 30, 1995

Health Resources and Services Administration

Bureau of Health Professions *Division of Medicine*

MISSION

The Division of medicine is the acknowledged Federal resource which monitors and assures the optimal supply, specialty mix, demographic composition demographic distribution of competent physicians, physician assistants and other providers to meet the public's health care needs.

STRATEGIC DIRECTIONS

1. **Promote Generalism:** Promote generalism and improve the education of allopathic and osteopathic family physicians, general internists, general pediatricians, and primary care physician assistants.
 2. **Promote Workforce Diversity:** Promote strategies to attain a physician, physician assistant, and health care workforce profile that more closely represents the composition of minorities, women, and socioeconomically disadvantaged in the general population.
 3. **Promote Strategies to Improve Care for the Underserved:** Promote educational strategies to recruit and retain more well-trained providers for the rural and urban underserved.
 4. **Improve Primary Care Quality:** Improve the quality of primary care through educational strategies that develop and maintain clinical competence, in such priority areas as HIV disease, substance abuse, and clinical preventive services.
 5. **Increase Primary, Care Teaching and Research Capacity:** Increase the number and quality of primary care faculty and researchers, particularly from community-based settings.
 6. **Improve Preparation for Managed Care Practice:** Promote educational strategies that equip health professionals with the knowledge, attitudes and skills needed for managed care practice.
 7. **Emphasize Public Health and Interdisciplinary Training:** Emphasize public health and interdisciplinary approaches to education and practice.
 8. **Strengthen Surveillance, Research and Evaluation:** Strengthen physician and physician assistant workforce surveillance, trend analysis, and educational research, and Division-wide program evaluation.
 9. **Provide Leadership:** In partnership with health professions schools, states and communities, provide leadership through policy development, innovative programming, enhanced communication, and scholarly excellence to attain our mission.
 10. **Participate in International Medical Education:** Support and participate in global efforts to make medical practice and education more responsive to people's needs.
-

Enrique S. Fernandez, M.D., M.S.Ed.

BHPr, Director, Division of Medicine
5600 Fishers Lane, Room 9A-25
Rockville, Maryland 20857
(301) 443-6190
(301) 443-8890 (FAX)

Elsie Quinones, M.A.

Program Specialist, Division of Medicine
Primary Care Medical Education Branch
(301) 443-1467

Office on Women's Health
U.S. Public Health Service
Office of the Secretary
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Room 7-30 B
Washington, D.C. 20201

Telephone: (202) 690-7650
FAX: (202) 690-7172

CONTACT: Elena Rios, M.D.

Office of Minority Health
Public Health Service
Office of the Secretary
U.S. Department of Health and Human Services
5515 Security Lane, 10th Floor
Rockwall II Building
c/o 5600 Fishers Lane
Rockville, Maryland 20857

Telephone: (301) 443-5084
FAX: (301) 594-0767

CONTACT: Guadalupe Pacheco, M.S.W.

